June 7, 2000

Via Federal Express Tracking No. 801060024674

Jeff S. Jordan, Esq.
Supervisory Attorney
Central Enforcement Docket
Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: MUR 5016

Dear Mr. Jordan:

Thank you for the opportunity to respond to your letter dated May 24, 2000 in connection with the attached complaint from John S. Hicks.

The complaint is without basis in law and fact and should be dismissed in its entirety.

Below, I have responded to each section of the complaint.

1. FACTUAL BACKGROUND

- Contrary to the allegation in the complaint, the complaint's own Attachment A does not state that Larry Graham is a candidate for Congress. It is merely stationery used for my Exploratory Committee. I was not a declared candidate on the date noted of February 10, 2000. I did not declare my candidacy until May 2000.
- Contrary to the second paragraph under "Factual Background", Progressive Management Associates, Inc. ceased doing business in June 1999 and has not been active since that time, so therefore I am not the Chief Executive Officer for Progressive Management Associates, Inc. as of the date in question.
- Progressive Management Associates, Inc. (hereinafter referred to as the "Corporation") was incorporated on April 2, 1993, but ceased doing business in June 1999.
- On June 9, 1999, Progressive Management Associates, Inc. sent a letter to the New York State Department of Taxation and Finance requesting Consent for Dissolution of the "Corporation" because it became inactive at that time. A copy of that letter is annexed hereto and a made a part hereof as *Exhibit "A"*.
- The New York State Department of Taxation and Finance responded by Notice dated 9/20/99 withholding its consent of our intended dissolution until it received a customary end-of-the-year tax return. Their response was based on the fact that a corporation cannot be formally dissolved until consent is obtained from New York State, which consent cannot be granted until the corporate tax return for the year of dissolution has been filed. This is a customary response to anyone who asks to dissolve a corporation in the middle of a tax year. Attached hereto and made a part hereof as *Exhibit "B"* is a copy of the Response to Request for Consent to Dissolution of a Corporation.

- The corporate tax return for the Corporation was filed on or about April 15, 2000 by my accountant. Pursuant to telephone conversation with the Tax Commissioner's Office on May 30 2000, everything has been cleared with New York State. We are presently awaiting receipt of the New York State Tax Consent. Upon receipt, the Consent will then be attached to the Certificate of Dissolution of Progressive Management Associates, Inc. for immediate filing with the New York State Department of State. At which point we will then receive an Official Filing Receipt as proof of Progressive Management Associates, Inc.'s dissolution as of July 31, 1999. (Attached hereto and made a part hereof as Exhibit "C" is a copy of the pending Certificate of Dissolution document).
- On July 16, 1999, I filed the appropriate papers required to form a Limited Liability Company known as Progressive Management Associates, LLC (hereinafter referred to as the "Company"), which is a sole proprietorship. It is not a corporation and is not governed by corporation laws. Attached hereto and made a part hereof as Exhibit "D", collectively, are copies of the Filing Receipt filed on July 16, 1999, Affidavit of Publication from The Journal News, and Notice of Compliance of Workers' Compensation Law, effective from November 24, 1999 under Policy No. W 1265 006-5. These documents further establish the existence of the Company.
- Attached hereto and made a part hereof, collectively, as *Exhibit "E"* are copies of Citibank Statements for the account known as Progressive Management Associates, Inc. (Account No. 47565754) as follows: Statement dated September 23, 1999 showing a balance in the sum of \$501.67 and Statement dated October 25, 1999 reflecting the ending balance as of October 25, 1999 in the sum of \$.00. That account has been out of use since that time. This serves as further evidence that Progressive Management Associates, Inc. has been inactive since July 1999 (The bank account remained open until that date so that previously written checks would clear). In fact, please note that Progressive Management Associates, Inc.'s bank account has been closed since 1999.
- Mr. Hicks' complaint seems to derive from the fact that a phone number which he presumed was owned by a corporation—but which is <u>not--</u> was listed on a piece of campaign correspondence. Through no fault of our own, the phone company failed to eliminate "Inc." from their records when the entity ceased activity in June 1999. We have again asked the phone company to remove Inc. from records and replace it with "LLC". Not only had they been given adequate notice to make this correction in July 1999, but all checks paid to the phone company for (914) 238-4000 since that time have been on behalf of, and from the bank account of, Progressive Management Associates LLC. For a very short time, and completely by accident, <u>this non-corporate</u> phone number appeared on a few pieces of correspondence material, but that had been corrected many months ago.
- Contrary to the third paragraph under "Factual Background" of the complaint, both the Exploratory Committee and the Candidate Committee have filed all of the required filing disclosures. Campaign disclosures were filed by the Exploratory Committee on January 31, 2000 (Year End Report), on April 15, 2000 (Quarterly Report). Copies of these documents are attached hereto and made a part hereof as Exhibit "F".
- By letter dated April 11, 2000 from Michael H. Young of the Federal Election Commission clarification was requested with regard to our Year End Report. He wanted us to confirm that

the loans I had made to my campaign had come from my own personal funds. We confirmed this and responded thereto by letter dated April 25, 2000 enclosing a copy of the Schedule C, and further responded by fax transmittal dated April 26th and subsequent letter dated May 9, 2000. Copies of these documents are annexed hereto collectively as *Exhibit "G"*.

- Due to the fact that I did not become an announced candidate until May 15, 2000 and my primary election is scheduled for September 12, 2000, I was not required to file any other documents with the Federal Election Commission as of the date of this Complaint. Attached hereto and made a part hereof as *Exhibit "H"* are copies of the FEC Form 1 Statement of Organization dated May 5, 2000 and FEC Form 2 Statement of Candidacy dated May 4, 2000.
- On May 25, 2000 I filed my Financial Disclosure Net Worth Statement with the Clerk of the House of Representatives, a copy of which is annexed hereto and made a part hereof as Exhibit "I". Based upon a conversation with Susan Pohl of the House Committee on Standards of Official Conduct, our Disclosure Statement was received in their office on May 29, 2000.
- All required and requested FEC filings have been filed as of the date of this Complaint.

2. VIOLATIONS

- With respect to the allegation of "Illegal Corporate Contributions", no such corporate contributions were received.
- The "Company" which has been doing business since July 1999 (as stated above, the "Company" is Progressive Management Associates, LLC") is not incorporated and is the same as a Sole Proprietorship of which I am the sole owner. Therefore, no corporate contributions were made to the Exploratory Committee in February 2000, or at any other time.
- With respect to the allegations that Graham's Violations are Knowing and Willful, there is no proof to support such allegations. There is no willfulness or intent to mask the source of those supporting my campaign. Any contributions or loans that I have made to my campaign have been from my own personal funds and have been disclosed as such. I have filed all contribution disclosure reports with the FEC in a timely manner.
- I have filed my Financial Disclosure Net Worth Statement with the Clerk of the House of Representatives (see *Exhibit "I"* above).

CONCLUSION

The complaint filed by Mr. Hicks is completely without merit. Much of his complaint derives from the fact that a phone number which he believed was owned and paid for by a corporate entity—but which, in fact, is not a corporation—appeared on a few pieces of campaign correspondence. As indicated above, all funds contributed to the Campaign have been contributed by other individuals or by my own personal funds. Any loans made to the Campaign have been loaned from my own personal funds. The

complaint is incorrect in stating that I might be funneling money from my corporation into my campaign since my solely owned firm, Progressive Management Associates, LLC is <u>not</u> a corporation and is not governed by corporate laws. Furthermore, as pointed out above, the phone number that Mr. Hicks relies on in his complaint, is actually not owned by or paid for by a corporation. In addition, bank statements, financial disclosure documentation, filings for dissolution and other attached documentation demonstrate that no laws have been violated and no funds originated from prohibited sources.

Thank you again, for allowing me the opportunity to respond to the complaint. If you have any questions or require any further information, please do not hesitate to contact my attorney or me.

Respectfully submitted,

Larry Graham

Encs.

State of New York County of Westchester

Sworn to before me this 7th day of June, 2000.

LAURIE D. LOTZ Netary Public, State of New Yor

Commission Expires April 30, 300/

Progressive Management Associates, Inc. P.O. Box 80 233 South Greeley Avenue Chappaqua, NY 10514 Ph. 914 238 4000 Fx. 914 238 5011

June 9, 1999

New York State Tax Department Corporation Tax Dissolution Unit

To: Fax 518 457 8124

Dear NYS Tax Dept.

I would like to obtain a "Consent of the State Tax Commission" in preparation for the dissolution of Progressive Management Associates, Inc.

Exact legal name:

Progressive Management Associates, Inc.

Address to mail consent:

233 South Greeley Avene Chappaqua, NY 10514

Name, telephone, relationship of filer:

Glenn Frost, Accountant

203-913-4512

Please don't hesitate to call me if there are any questions that might delay issuing the consent.

Accountant

STATEMENT OF DESIGNATION OF COUNSEL

MUR 501	16	
NAME OF (COUNSEL: JONATHAN G. JACOBSON, ESQ.	
FIRM:		
ADDRESS:	. 873 Union Avenue - 2nd Floor	
_	New Windsor, New York 12533	
TEL	EPHONE:(914) 567-6778 FAX:(914) 567-7721	
and is auth from the C	e above-named individual is hereby designated as my conhorized to receive any notifications and other communications and to act on my behalf before the Commis	cations
Date 7, 200	Larry Graham Signature	
RESPOND	DENT'S NAME: LARRY GRAHAM	
		·
ADDRESS	3: 233 South Greeley Avenue	
	Chappaqua, New York 10514	
		
	ONE: HOME	
1	BUSINESS(914) 238-0005	



New York State Partment of Taxation and Finance

Processing and Revenue Management Division W A Harriman Campus Albany NY 12227-0001

Response to Request for Consent to Dissolution of a Corporation

GLENN FROST 233 S. GREELEY AVE. CHAPPAQUA NY 10514 Notice Date: 9/20/99

Requested

Consent Date: 6/9/99

Taxpayer ID: B-13-3849146-5

Corporation Name:

PROGRESSIVE MANAGEMENT ASSOCIATES, INC.

We rejected your request for consent to dissolution for the corporation shown above approximately 90 days ago. We will not take any further action on this request until you send us the returns that are due, pay any amount due (including tax, penalty and interest when applicable) and/or pay any assessment, as shown below.

You must file franchise tax returns to the date of voluntary dissolution, whether or not any business was conducted. You must file the returns and pay any amount due within 90 days of your last franchise tax period. We must receive the returns and payments within 90 days and be able to process them, or additional taxes and/or returns may be due.

WHAT THE CORPORATION MUST DO:

Final Franchise Tax Return Due:

We have no record of receiving the final return as shown below. If you recently filed this return, you are not required to take any further action. Once we process this return, it is shown to be fully paid and all other requirements are met, the Tax Commissioner will automatically issue consent to dissolution. If you have not filed the final return, please do so as soon as possible. If you are requesting dissolution for a future date, this final return is due on or before the requested dissolution date. If final figures for the last period are not available, you may file a final return with estimated figures and pay all taxes due. Within 30 days after the Certificate of Dissolution is filed by the Secretary of State, you must file a final return with actual (not estimated) figures. Please note: Allow approximately two weeks for the Tax Department to process any return.

File Period End	Form Type
6/30/99	CT-3H/4M
6/30/99	CT-3/3S/4/4S

(Continued on back)

PR-898 (4/96)

TF00000047 2561701

MAY.30.2000 3:34PM (203)222 9372 FAX

New York State

Department of State

Division of Corporations

41 State Street

Albany, NY 12231

CERTIFICATE OF DISSOLUTION OF

Progressive Management Associates, Inc.
(present name of corporation)

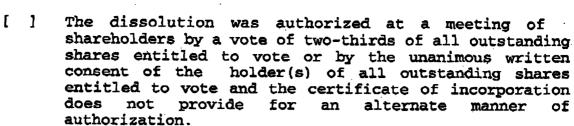
Under section 1003 of the Business Corporation Law

FIR	ST: The present na	ame of the c	corporat	ion is from	ressive	
COTP	nagement Association has been c	hanged, the	name ur	(If th	e name of was forme	the ed is)
	OND: The certi		21	1993	filed by	the
use	RD: The name and a post office be oration is: (atta	oox) of each addition	ch offi nal shee	cer and di	rector of	
	(name) 233 Sout			chapa (zip code)	agua, Ni	<u>_</u> 10514
	(name)		0			
	(street address)	(city)	(state)	(zip code)		
	(name)					
	(street address)	(city)	(state)	(zip code)		<u>. </u>
	(street address)	(city)	(state)	(zip code)		

FOURTH: The corporation elects to dissolve.

4/7

FIFTH: (Check the appropriate box)



The dissolution was authorized in the manner rquired by provisions in the certificate of incorporation.

This certificate has been subscribed this

(signature)		(signature)
typed or printed name		typed or printed name
title or capacity of signer	· ·	title or capacity of signer
	Filed by	
		(name)
		(address)

CERTIFICATE OF DISSOLUTION

(For office use only. Do not write in this space.)

5/7

N. Y. S. DEPARTMENT OF STATE DIVISION OF CORPORATION ID STATE RECORDS

ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: PROGRESSIVE MANAGEMENT ASSOCIATES, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: WEST

SERVICE COMPANY: ** NO SERVICE COMPANY **

SERVICE CODE: 00 *

FILED:07/16/1999 DURATION:******* CASH#:990716000025 FILM #:990716000025

ADDRESS FOR PROCESS

EXIST DATE

THE LLC P.O. BOX 80 CHAPPAQUA, NY 10514

07/16/1999

REGISTERED AGENT

OF NEW OF THE STATE OF THE STAT

THIS FILING HAS AN ASSOCIATED PUBLICATION REQUIREMENT. THE NEWSPAPERS IN WHICH THIS PUBLICATION IS TO BE MADE ARE DESIGNATED BY THE COUNTY CLERK OF THE COUNTY IN WHICH THE ENTITY'S OFFICE IS LOCATED. CONTACT THE RESPECTIVE COUNTY CLERK FOR FURTHER INFORMATION.

				224602222
FILER	FEES	200.00	payments	200.00
•	FILING	200.00	CASH	0.00
GLENN S. FROST, C/O PROGRESSIVE	TAX	0.00	CHECK	200.00
MANAGEMENT ASSOCIATES, LLC	CERT	0.00	CHARGE	0.00
PO BOX 80	COPIES	0.00	DRAWDOWN	0.00
CHAPPAQUA, NY 10514	HANDLING	0.00	BILLED	0.00
			REFUND	0.00
				•

AFFIEAVIT OF PUBLICATION The Journal News

STATE OF NEW YORK COUNTY OF WESTCHESTER SS

The Journal News

Northern Area Arrawalt Cosining Balawin Place Peetsid Bediard Place Peetsid Bediard Pound Ridge Bediard Hills Purbys Brisschill Manner Shanosock Bushanan Shanosock Bushanan Shanosock Bushanan Shanosock Brisschill Salem Cross Riber Verplanck Cross Brissen Cross Riber Conton Heights Brissen Cotto an Heighen Gotten Brissen Cotto Springs Jafferson Valley Cold Spring Katenan Lincolnaine Lake Peetsidil Milhoood Mahopue Rails Montrose Putraum Valley Mount Kisco Peetsidy Petgage	swom, says that he/she is the principal clerk of The Journal News, a newspaper published in the County of Westchester and State of New York and the notice of which the annexed is a printed copy, was published in the newspaper indicated on the left and on the dates checked below: Year / 999 Year / 999 1920 2122 23 24 25 26 27 28 29 30 31
Central Area Astalay on Hudson Port Chester Dobbe Ferry Purchase Simeford Rye Greenburgh Scarsdale Harrison Tarrytown Harsdale Thorresood Hastington Vallatia Invingion White Rains Larrement Magmaroneck	Signed Tragnature Management Associates, LLC that Articles of Organization with the Secretary of State on July 16, 1999 and has an office leasand in West-cheese County. The Secretary of State has been designated as the Spark upon whom proc
Southern Area Moure Verson Yentern Tudation Brotoville EastChester New Rochelle Petreon	ess against Progressive Mint- agament Associates, LLC may be served, end P.O. Box 84; Cheppequé, New York has been designated as the rediress to which the Servicey of State their mill a capy of any proc- ess against is that a served. Progressive Meanagement As- sociates. LLC has been formed to provide conculting services to businesses in the eres of hu- men recourse minegement."
Rockland Area Sulam Pomora Blassett Stockburg Congers Sparidi Gamervite String Valley Hamergrape String Valley Hittern Taltman Nimust Taggan New City Thiels Nyack Toungstrin Cove Orangeburg Valley Cottage Pallegate Wist Haversitae Planners	Sworn to before me this 9 day of 0 economy 19 99 Notary Public, Westchester County

being duly

JACK SHARP Notary Public. State of New York No. 015H6019087 Qualified In Rochland County Term Expires Feb. 1, 2001

NOTICE OF COMPLIANCE WORKERS' COMPENSATION LAW TO EMPLOYEES

IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

- By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
- 2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
- and should do so immediately.
- 4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is participating in the Managed Care Pilot Program or is involved in a certified preferred provider organization you must first be treated by a provider chosen by your employer and your employer. a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
- You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
- 6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need

- 9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

WORKERS' COMPENSATION BOARD OFFICES

Albany, 12241 - 100 Broadway - Menands - (518) 474-6674 Binghampton, 13901-State Office Bldg.- 44 Hawley St.-(607) 721-8356 Buffalo, 14203 - State Office Bldg. - 125 Main St. - (716) 847-3158 Hempstead, 11550 - 175 Fulton Avenue - (516) 560-7700 New York City, 11248 - 180 Livingston St. - Brooklyn - (718) 802-6600 Rochester, 14614 - 130 Main Street West - (716) 238-8300 Syracuse, 13202-State Office Bldg. - 333 East Washington St. - (315) 428-4464

AVISO DE CUMPLIMIENTO LEY DE COMPENSACION OBRERA A EMPLEADOS

INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

- Su patrono està cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
- Si usted no notifica a su patrono dentro del término de 30 dias de haber sufrido su lesión su reclamación podria ser desestimada, por eso notifique inmediatamente.
- 3. You are entitled to obtain any necessary medical treatment 3. Usted tiene derecho a recibir cualquier tratamiento médico and should do so immediately.

 Recessario relacionado con su lesión y debe gestionario inmediatamente.
 - 4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier medico, podiatra, quiropractico o psicologo (si es referido por un medico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensacion Obrera. Sin embargo, si su patrono está autorizado a participar en el Programa Piloto de Gerencia de Salud o participa en una organizacion certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley estan obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
 - 5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
 - 6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo e resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al
- help returning to work.

 7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.

 8. You are entitled to be represented by an attorney or servicios de rehabilitación si necesita ayuue servicios
 - 8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado o por representante licenciado si usted asi lo desea. Si es representado, no pague al abogado o al representante licenciado. Cuando la Junta decida su caso, los honorarios seran determinados por la Junta y descontados de sus beneficios.
 - 9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenario ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuniquese con la oficina mas cercana de la Junta.

Robert R. Snaholl

PROGRESSIVE MANAGEMENT ASSOCIATES

ROBERT R. SNASHALL Chairman (Presidente)

Workers' Compensation Benefits, when due, will be paid by

(Los beneficios de Compensación Obrera, cuandos debidos, serán pagados por):

233 SOUTH GREELEY AVENUE

CHAPPAQUA

Name of employer (Nombre de patrono)

THE STATE INSURANCE FUND 199 Church Street, New York, N. Y. 10007 (212) 312-9000

Effective From 11/24/1999

Tο cancellation (Hasta cancellation)

W 1265 006-5 Policy No.

(Poliza No.)

(En Vigor Desde)

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

LLC

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.

NY 10514

LA JUNTA DE COMPENSACION OBRERA EMPLEA Y SIRVE A PERSONAS CON IMPEDIMENTOS SIN DISCRIMINAR.

C-105 (1-98)

PRESCRIBED BY CHAIR

For An Autho	ized Committee
(Summai	ge)

1. NAME OF COMMITTEE (in full)		. +
Larry Graham for CongressExploratory Committee ADDRESS (number and street)		·
P.O. Box 80	2. FEC IDENTIFICATIO	N NUMBER
CITY, STATE and ZIP CODE STATE/DISTRICT		48052
Chappaqua, NY 10514 NY 19	3. IS THIS REPORT AN	
4. TYPE OF REPORT	, , , , , , , , , , , , , , , , , , , ,	
April 15 Quarterly Report Twelth day report pre	ceding (Type of Electio	
July 15 Quarterly Report election on	in the State of	
October 15 Quarterly Report Thirtieth day report follows:	lowing the General Election o	n
☑ January 31 Year End Report in	the State of	
July 31 Mid-Year Report (Non-election Year Only) Termination Report		
This Report Contains Activity For Primary Election General Election	Special Election	Runoff Election
SUMMARY		
5. Covering Period <u>7/1/1999</u> through <u>12/31/1999</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$80,785.00	\$80,785.00
(b) Total Contribution Refunds (from Line20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$80,785.00	\$80,785.00
7. Net Operating Expenditures (a) Total Operating Expenditures (from Line 17)	\$7,425.00	\$7,425.00
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$7,425.00	\$7,425.00
Cash on Hand at Close of Reporting Period (from Line 27)	\$201,360.00	For further information contact:
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	Federal Election Commission 999 E Street, NW
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$128,000.00	Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
I certify that I have examined this Report and to the best of my knowledge and and complete. Type or Print Name of Treasurer Richard Laster	d belief it is true, correct	
		15-4
Signature of Treasurer		Date 1/13/2000
IOTE: Submission of false, erroneous, or incomplete information may subject the person	n signing this Report to the p	enalties of 2 U.S.C. Section 437
		FEC FORM 3 (revised 4/87)

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Larry Graham for CongressExploratory	Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Acorn, David P., Mr. 640 Grant Road	Name of Employer Self-Employed	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$500.00
North Salem NY 10560 Receipt For:	Occupation Consultant Aggregate Year-to-Date > \$500.	00	
B. Full Name, Mailing Address and ZIP Code Alcena, Valiere, Dr. 37 Davis Avenue White Plains NY 10605	Name of Employer self-employed Occupation	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$250.00
Receipt For:	Physician Aggregate Year-to-Date > \$250.	00	
C. Full Name, Mailing Address and ZIP Code Batkin, Alan R., Mr. 23 Hurlingham Dr. Greenwich CT 06831	Name of Employer Kissinger Associates, Inc. Occupation	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$1,000.00
Receipt For:	executive Aggregate Year-to-Date > \$1,00		
D. Full Name, Mailing Address and ZIP Code Benerofe, Andrew R., Mr. 4 New King Street Purchase NY 10577	Name of Employer Benerofe Properties	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$1,000.00
Receipt For:	Occupation investor Aggregate Year-to-Date > \$1,00	0.00	
E. Full Name, Mailing Address and ZIP Code Benerofe, Robyn A., Mrs. 28 Ethelridge Road	Name of Employer self	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$500.00
White Plains NY 10605 Receipt For:	Occupation homemaker		
F. Full Name, Mailing Address and ZIP Code Betts, Sheri, Ms.	Aggregate Year-to-Date > \$500. Name of Employer self	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$300.00
30 N.Broadway-1C White Plains NY 10601 Receipt For:	Occupation Sales Manager-Avon	-	7
G. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$300.	T	Amount of Foot
Bienenstock, Martin J., Esq. Well Gosthal and Manges, LLP 767 Fifth Aven	Name of Employer Weil Gotshal	Date (month, day, year)	Amount of Each Receipt this Period \$250.00
New York NY 10153 Receipt For:	Occupation Attorney Aggregate Year-to-Date > \$250.		
- Constant C	Tradicale i gai-in-pare > 3420.		

TOTAL This Period (last page this line number only)

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COL TO

Lise separate schedule(s) ich category of the

PAGE 2 OF 20

FOR LINE NUMBER

Contributions from Individuals

11(a)(i) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for

commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Larry Graham for Congress Exploratory Committee C00348052 A. Full Name, Mailing Address and ZIP Code Date (month. Amount of Each Name of Employer day, year) Receipt this Period Borden, Arthur M., Esq. Rosenman & Colin 9/16/1999 \$250.00 860 UN Piaza New York NY 10017 Occupation □ Primary General Receipt For: Attorney Other (Specify): Aggregate Year-to-Date > \$250.00 B. Full Name, Mailing Address and ZIP Code Name of Employer Date (month. Amount of Each day, year) Receipt this Period Caplan, David L., Mr., Esq. Davis Polk & Wardwell 11/5/1999 \$1,000.00 Davis Polk Wardwell 450 Lexington Avenue New York NY 10017 Occupation Receipt For: Primary General Attorney Other (Specify): Aggregate Year-to-Date > \$1,000.00 C. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, **Amount of Each** Receipt this Period day, year) Caro. Marcos E., Mr. self-employed 11/16/1999 \$500.00 36 Beechtree Drive Larchmont NY 10538 Occupation Receipt For: □ Primary ☐ General management consultant Other (Specify): Aggregate Year-to-Date > \$500.00 D. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, **Amount of Each** Receipt this Period day, year) Carr, Gladys J., Ms. Harper Collins 9/23/1999 \$250.00 920 Park Avenue New York NY 10028 Occupation Receipt For: □ Primary General Editor Other (Specify): Aggregate Year-to-Date **>** \$250.00 E. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, **Amount of Each** day, year) Receipt this Period Cherneff, Peter, Esq. Watkins & Cherneff 9/16/1999 \$250.00 113 Round Hill Road Armonk NY 10504 Occupation Receipt For: ✓ Primary ☐ General Attorney Other (Specify): Aggregate Year-to-Date > \$250.00 F. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, Amount of Each ' day, year) Receipt this Period Codino, Albert F., Mr., Jr. American Express 9/16/1999 \$250.00 22 Kisco Park Drive **Mount Kisco NY 10549** Occupation Receipt For: □ Primary Financial Planner Other (Specify): Aggregate Year-to-Date > \$250.00 G. Full Name, Mailing Address and ZIP Code Date (month, Name of Employer **Amount of Each** day, 'year) Receipt this Period Cohen. Donna. Mrs. Westchester Holocaust 11/16/1999 \$500.00 16 Orchard Drive Commissi Armonk NY 10504 Occupation Receipt For: □ Primary General Exec. Director Other (Specify): Aggregate Year-to-Date > \$500.00 SUBTOTAL of Receipts This Page (optional) \$3,000.00 TOTAL This Period (last page this line number only)

40 East 83rd St. New York NY 10028

Other (Specify):

□ Primary

General

Receipt For:

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for each category of the

PAGE 3 OF 20

FOR LINE NUMBER

Contributions from Individuals 11(a)(i) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Larry Graham for Congress Exploratory Committee C00348052 A. Full Name, Mailing Address and ZIP Code Date (month, Amount of Each Name of Employer day, year) Receipt this Period Cohen, Richard D., Mr. Capital Properties 11/5/1999 \$1,000.00 927 Fifth Avenue New York NY 10021 Occupation □ Primary ☐ General Receipt For: real estate Other (Specify): Aggregate Year-to-Date > \$1,000.00 B. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, Amount of Each Receipt this Period day, year) Cole, Kenneth, Mr. Kenneth Cole 12/6/1999 \$500.00 152 W. 57th St. Productions New York NY 10019 Occupation Receipt For: □ Primary ☐ General CEO Other (Specify): Aggregate Year-to-Date > \$500.00 C. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, **Amount of Each** day, year) Receipt this Period Cornwell, W. Don, Mr. Granite Broadcasting 10/1/1999 \$500.00 192 Columbia Heights Corp. Brooklyn NY 11201 Occupation Receipt For: □ Primary ☐ General Chairman and CEO Other (Specify): Aggregate Year-to-Date > \$500.00 D. Full Name, Mailing Address and ZIP Code Date (month, Name of Employer Amount of Each Receipt this Period day, year) Costin, Sandra Ward, Esq. UBS - AG 9/10/1999 \$250.00 50 Midchester Ave. White Plains NY 10606 Occupation Receipt For: □ Primary ☐ General Attorney Other (Specify): Aggregate Year-to-Date > \$250.00 E. Full Name, Mailing Address and ZIP Code Name of Employer Date (month. Amount of Each day, year) Receipt this Period Cox, Maurice, Mr. PepsiCo/IBM 12/17/1999 \$300.00 **4 Sunrise Place** Armonk NY 10504 Occupation Receipt For: □ Primary General exec. Other (Specify): Aggregate Year-to-Date > \$300.00 F. Full Name, Mailing Address and ZIP Code Date (month. Name of Employer **Amount of Each** Receipt this Period Curry, William T., Dr. day, year) Self-employed 9/20/1999 \$500.00 19 Hayrake Lane Chappagua NY 10514 Occupation Receipt For: □ Primary General Physician Other (Specify): Aggregate Year-to-Date > \$500.00 G. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, Amount of Each Receipt this Period day, year) Daitz, Linda, Mrs. self 11/24/1999 \$500.00

SUBTOTAL of Receipts This Page (optional)	\geq	\$3,550.00
TOTAL This Period (last page this line number only)	>	

Occupation

retired

Aggregate Year-to-Date

> \$500.00

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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 4 OF 20

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

arry Graham for CongressExploratory	Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Danziger, Thomas, Esq.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Danziger, Thomas, Esq. Danziger and Danziger 405 Park Avenue	Danziger & Danziger	11/5/1999	\$250.00
New York NY 10022	Constant	_	
Receipt For:	Occupation Attorney		
Other (Specify):	Aggregate Year-to-Date > \$250.	00	1
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Dattel, Eugene, Mr.	self	day, year)	Receipt this Period
164 E. 72nd St.		11/5/1999	\$500.00
New York NY 10021	Occupation	_	
Receipt For:	writer	·	
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each
Davenport, Ronald R., Mr., Jr.	Sheridan Broadcasting	9/24/1999	Receipt this Period
715 Amberson Avenue	Co.	3/24/1999	\$250.00
Pittsburgh PA 15232	Occupation	7 .	
Receipt For: Primary General Other (Specify):	Executive	<u> </u>	
D. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$250.		A
Davis, Richard, Esq.	Name of Employer Weil Gotshal	Date (month, day, year)	Amount of Each Receipt this Period
Weil Gotshal and Manges 767 Fifth Avenue	Well Gotshal	12/29/1999	\$1,000.00
New York NY 10153	Occuration.		
Receipt For:	Occupation Attorney		
Other (Specify):	Aggregate Year-to-Date >\$1,00	0 00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Duberstein, Gary	self	day, year)	Receipt this Period
455 East 86th St. Apt.34C		12/27/1999	\$500.00
New York NY 10021	Occupation	-	
Receipt For:	investment manager		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
	Self-Employed	day, year) 9/9/1999	Receipt this Period
36 Butler Road		9/9/1999	\$250.00
	Occupation	1 .]	
—	Attorney/Consultant		
	Aggregate Year-to-Date > \$250.		
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
· · · · · · · · · · · · · · · · · · ·	Manatt Phelps & Phillips	9/20/1999	\$500.00
4	<u> </u>]	400000
	Occupation Attorney		
	Aggregate Year-to-Date > \$500.0	<u> </u>	
	riggiogalo real-lu-Dale / 3500.1	,	
Cities (Openity).			

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SCHEDULE A

ITEMSED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 5 OF 20

FOR LINE NUMBER 11(a)(i)

agenson, Lesile O Hillside Ave. Short Hills NJ 07078 eceipt For:	Name of Employer Time Warner, Inc. Occupation Publicist Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer E.G.Bauman Co., In	> \$250.0 s > \$850.0	Date (month, day, year) 9/13/1999 Date (month, day, year) 11/16/1999 Date (month, day, year) 9/14/1999	Amount of Each Receipt this Period \$500.00 Amount of Each Receipt this Period \$250.00 Amount of Each Receipt this Period \$350.00 Amount of Each Receipt this Period \$350.00
Short Hills NJ 07078 Common	Occupation Manager Aggregate Year-to-Date Name of Employer Fime Warner, Inc. Occupation Publicist Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer E.G.Bauman Co., In	> \$250.0 s > \$850.0	0 Date (month, day, year) 9/13/1999 0 Date (month, day, year) 11/16/1999 0 Date (month, day, year) 9/14/1999	Amount of Each Receipt this Period \$350.00 Amount of Each Receipt this Period \$350.00
cecipt For: Cher (Specify): Full Name, Malling Address and ZIP Code ay, Toni 33 W. Hudson Ave Englewood NJ 07631 eccipt For: Other (Specify): Full Name, Malling Address and ZIP Code irth, Edmee, Mrs. 52 East 78th Street lew York NY 10021 eccipt For: Other (Specify): Full Name, Malling Address and ZIP Code irth, Edmee, Mrs. 52 East 78th Street lew York NY 10021 eccipt For: Other (Specify): Full Name, Malling Address and ZIP Code irth, Edmee, Mrs. 52 East 78th Street lew York NY 10021 eccipt For: Other (Specify): Full Name, Malling Address and ZIP Code orster, Jacqueline, Mrs. 72 Central Park West - Apt. 4E lew York NY 10025 eccipt For: Other (Specify): Full Name, Malling Address and ZIP Code orster, Jacqueline, Mrs. 72 Central Park West - Apt. 4E lew York NY 10025 eccipt For: Other (Specify): Full Name, Malling Address and ZIP Code	Manager Aggregate Year-to-Date Name of Employer Fime Warner, Inc. Occupation Publicist Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer E.G.Bauman Co., In	> \$250.0 s > \$850.0	Date (month, day, year) 9/13/1999 Date (month, day, year) 11/16/1999 Date (month, day, year) 9/14/1999	Amount of Each Receipt this Peri
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Other (Specify): Full Name, Mailing Address and ZIP Code irth, Edmee, Mrs. 52 East 78th Street lew York NY 10021 eceipt For: Other (Specify): Full Name, Mailing Address and ZIP Code irth, Edmee, Mrs. 52 East 78th Street lew York NY 10021 eceipt For: Other (Specify): Full Name, Mailing Address and ZIP Code orster, Jacqueline, Mrs. 72 Central Park West - Apt. 4E lew York NY 10025 eceipt For: Other (Specify): Full Name, Mailing Address and ZIP Code orster, Jacqueline, Mrs. 72 Central Park West - Apt. 4E lew York NY 10025 eceipt For: Other (Specify): Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer Jean-Louis Dreyfu Foundation Occupation Executive Aggregate Year-to-Date Name of Employer Secutive Aggregate Year-to-Date Name of Employer E.G.Bauman Co., In	> \$850.00 s	Date (month, day, year) 11/16/1999 0 Date (month, day, year) 9/14/1999	Receipt this Peri \$350.00 Amount of Eacl Receipt this Peri
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Full Name, Mailing Address and ZIP Code irth, Edmee, Mrs. 52 East 78th Street lew York NY 10021 cecipt For: Other (Specify): Full Name, Mailing Address and ZIP Code orster, Jacqueline, Mrs. 72 Central Park West - Apt. 4E lew York NY 10025 cecipt For: Other (Specify): Full Name, Mailing Address and ZIP Code	Name of Employer Jean-Louis Dreyfu Foundation Executive Aggregate Year-to-Date Name of Employer E.G. Bauman Co., In	\$ >\$850.00	Date (month, day, year) 9/14/1999	Receipt this Per
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eceipt For: Other (Specify): Full Name, Mailing Address and ZIP Code			0, 20, 2000	1230.00
Other (Specify): Full Name, Mailing Address and ZIP Code	Occupation Vice President			
Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date	> \$250.00		
· =	Name of Employer	\$250.00	Date (month,	Amount of Eac
1	aul Weiss Rifkin	a Ì	day, year)	Receipt this Peri
365 York Avenue - Apt. 30D	Marton and		9/26/1999	\$250.00
ew York NY 10021	Occupation			
	Partner	}		
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	ccounting Associa	ates,	day, year) 10/7/1999	Receipt this Peri
	nc.		10/ // 1999	\$230.00
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· _	accountant	4050 55		
Coner (Specify).	ggregate Year-to-Date	\$250.00	<u>, </u>	

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ITEMERED RECEIPTS

for each category of the Detailed Summary Page

PAGE 6 OF 20

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

>	NAME OF COMMITTEE (In Full) Larry Graham for CongressExploratory	/ Committee		C00348052
	A. Full Name, Mailing Address and ZIP Code Furth, John 35 Platt Place	Name of Employer Klingenstein, Fields and Co.	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
}	White Plains NY 10605 Receipt For:	Occupation Investor Aggregate Year-to-Date >\$1,000	0.00	-
	B. Full Name, Mailing Address and ZIP Code Furth, John 35 Platt Place	Name of Employer Klingenstein, Fields and Co.	Date (month, day, year) 9/14/1999	Amount of Each Receipt this Period \$500.00
	White Plains NY 10605 Receipt For: ☐ Other (Specify): ☐ General	Occupation Investor Aggregate Year-to-Date >\$1,000	200	
	C. Full Name, Mailing Address and ZIP Code Goldhill, David, Mr.	Name of Employer Rotor Communications	Date (month, day, year) 12/13/1999	Amount of Each Receipt this Period \$1,000.00
-	2270 Mara Villa Drive Los Angeles CA 90068 Receipt For: ☐ Primary ☐ General	Occupation executive	12/13/13/	\$1,000.00
	D. Full Name, Mailing Address and ZIP Code Gottlieb, Albert, Mr.	Aggregate Year-to-Date > \$1,000 Name of Employer New Spectrum	D. 00 Date (month, day, year) 9/9/1999	Amount of Each Receipt this Period
-	6 Roger Place White Plains NY 10605 Receipt For:	Occupation Real Estate Broker	3/3/1333	\$500.00
-	Other (Specify): E. Full Name, Mailing Address and ZIP Code Gottlieb, Anne A. 6 Roger Place	Aggregate Year-to-Date > \$500.0 Name of Employer U Name It Travel	Date (month, day, year) 9/9/1999	Amount of Each Receipt this Period \$250.00
-	White Plains NY 10605 Receipt For:	Occupation Travel Consultant Aggregate Year-to-Date > \$250.0		
	F. Full Name, Mailing Address and ZIP Code Grafstein, Rebecca, Ms. 1049 Fith Ave-11B	Aggregate Year-to-Date > \$250.0 Name of Employer self	Date (month, day, year) 9/13/1999	Amount of Each Receipt this Period \$1,000.00
-	New York NY 10028 Receipt For:	Occupation Homemaker Aggregate Year-to-Date > \$1,000	00	-
	G. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue	Name of Employer self	Date (month, day, year) 9/4/1999	Amount of Each Receipt this Period \$500.00
	White Plains NY 10606 Receipt For:	Occupation Retired Aggregate Year-to-Date >\$1,500	.00	
SUB	STOTAL of Receipts This Page (optional)	***************************************		\$4,250.00
TOT	AL This Period (last page this line number only)			

TOTAL This Period (last page this line number only)

PAGE 7 OF 20

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any informat	ion copied from such Reports and Statements may not opurposes, other than using the name and address of any	be sold or used by any person for the purp y political committee to solicit contributions	ose of soliciting cost from such commi	entributions or for ttee.
	OF COMMITTEE (in Full) y Graham for CongressExploratory	Committee		C00348052
Gra	ull Name, Mailing Address and ZIP Code ham, Betty J., Mrs. Miles Avenue	Name of Employer self	Date (month, day, year) 11/5/1999	Amount of Each Receipt this Period \$500.00
Whi	ite Plains NY 10606 ipt For:	Occupation Retired		
Gra	Other (Specify): ull Name, Mailing Address and ZIP Code ham, Betty J., Mrs.	Aggregate Year-to-Date > \$1,500 Name of Employer self	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$500.00
Whi	Miles Avenue ite Plains NY 10606 ipt For: Primary General	Occupation Retired	12, 21, 2333	
Gra	☐ Other (Specify): ull Name, Mailing Address and ZIP Code ham, Betty J., Mrs.	Aggregate Year-to-Date > \$1,500 Name of Employer self	Date (month, day, year)	Amount of Each Receipt this Period
Whi	Miles Avenue te Plains NY 10606 ipt For: ☐ Primary ☑ General	Occupation Retired	12/23/1999	\$500.00 Memo Redesignatio n From
	Other (Specify):	Aggregate Year-to-Date > \$1,500 Name of Employer	Date (month, day, year)	Primary Amount of Each Receipt this Period
133	ham, Betty J., Mrs. Miles Avenue te Plains NY 10606	Occupation	12/23/1999	(\$500.00) Memo
Rece	ipt For:	Retired Aggregate Year-to-Date > \$1,500	.00	Redesignated To General 2000
Grai 220	ull Name, Malling Address and ZIP Code ham, Richard E., Dr. Treetop Crescent t Chester NY 10573	Name of Employer Self-employed	Date (month, day, year) 9/26/1999	Amount of Each Receipt this Period \$400.00
	pt For:	Occupation Orthodontist Aggregate Year-to-Date > \$1,000	.00	
Grai 220	III Name, Mailing Address and ZIP Code nam, Richard E., Dr. Treetop Crescent	Name of Employer Self-employed	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$600.00
	t For: ☐ Primary ☐ General ☐ Other (Specify):	Occupation Orthodontist Aggregate Year-to-Date > \$1,000	00	
Graf	il Name, Mailing Address and ZIP Code nam, Richard, Mr. Miles Avenue	Name of Employer self	Date (month, day, year) 12/21/1999	Amount of Each Receipt this Period \$400.00
Receip	te Plains NY 10606 of For: Primary General Other (Specify):	Occupation Retired Aggregate Year-to-Date > \$1,400	.00	
SUBTOTAL	of Receipts This Page (optional)	727100		\$2,400.00

SCHEDULE A

ITEMMED RECEIPTS

TOTAL This Period (last page this line number only)

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER

Contributions from Individuals

			
NAME OF COMMITTEE (In Full) Larry Graham for CongressExplorator	v Committee		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Graham, Richard, Mr.	self	12/23/1999	(\$400.00)
133 Miles Avenue		12/23/1999	Memo
White Plains NY 10606	Occupation		Redesignated
Receipt For: Primary General	Retired	<u> </u>	To General
Other (Specify):	Aggregate Year-to-Date >\$1,40		2000
B. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr.	Name of Employer self	Date (month, day, year)	Amount of Each Receipt this Period
133 Miles Avenue	SELL	9/4/1999	\$1,000.00
White Plains NY 10606	Convertion	4	
Receipt For: Primary General	Occupation Retired		·
Other (Specify):	Aggregate Year-to-Date > \$1,40	0.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Graham, Richard, Mr.	self	day, year)	Receipt this Period
133 Miles Avenue		12/23/1999	\$400.00
White Plains NY 10606	Occupation	-	Memo
Receipt For: Primary 🔀 General	Retired		Redesignatio n From
Other (Specify):	Aggregate Year-to-Date > \$1,40	0.00	Primary
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Grahame, Searcy O., Mr.	self	day, year)	Receipt this Period
25 Boerum Place - Apt. 13A		9/20/1999	\$1,000.00
Brooklyn NY 11206	Occupation	1	
Receipt For: Primary General	Retired		
Other (Specify):	Aggregate Year-to-Date >\$1,00		
E. Full Name, Mailing Address and ZIP Code Grant, Eugene M., Mr.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
1016 Orienta Avenue	Self-employed	9/20/1999	\$1,000.00
Mamaroneck NY 10543			,
Receipt For: Primary General	Occupation Real Estate Investor	·	
Other (Specify):	Aggregate Year-to-Date >\$1,00	0 00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Grinberg, Efraim, Mr.	Movado Group, Inc.	day, year)	Receipt this Period
12 Hemiock Rise	-	11/5/1999	\$500.00
Armonk NY 10504	Occupation	1	
Receipt For: Primary General	President		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Gropper, Charles, Dr.	self	day, year)	Receipt this Period
420 East 72nd Street		9/14/1999	\$500.00
New York NY 10021	Occupation	1	
Receipt For: Primary General Other (Specify):	Physician	<u> </u>	
Circi (Specify).	Aggregate Year-to-Date > \$500.0	טע	
JBTOTAL of Receipts This Page (optional)			\$4,000.00
· · · · · · · · · · · · · · · · · · ·			7 = 7 = 7 = 7

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Larry Graham for CongressExplorator	y Committee	- ·· <u></u>	C00348052
A. Full Name, Mailing Address and ZIP Code Hamdan, Lawrence, Mr. 164 East 72nd St - 13B New York NY 10021	Name of Employer Credit Suisse First Boston	Date (month, day, year) 9/22/1999	Amount of Each Receipt this Period \$1,000.00
Receipt For: Primary General Other (Specify):	Occupation Banker Aggregate Year-to-Date > \$1,0	000.00	
B. Full Name, Mailing Address and ZIP Code Harris, Carla A., Ms. 410 West 53rd St-Apt.207 New York NY 10019 Receipt For:	Name of Employer Morgan Stanley Occupation investment banker	Date (month, day, year) 9/24/1999	Amount of Each Receipt this Period \$250.00
Other (Specify):	Aggregate Year-to-Date > \$250	.00	{
C. Full Name, Mailing Address and ZIP Code Harris, Delores, Ms. 14002 S. Northwood Compton CA 90222	Name of Employer self Occupation	Date (month, day, year) 9/23/1999	Amount of Each Receipt this Period \$250.00
Receipt For:	retired Aggregate Year-to-Date > \$250	.00	
D. Full Name, Mailing Address and ZIP Code Harrison, Thomas J., III 3660 Waldo Ave-1E Bronx NY 10463	Name of Employer Allegaert Berger &Vogel, LLP Occupation	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Period \$250.00
Receipt For:	Attorney Aggregate Year-to-Date > \$250	.00	
E. Full Name, Mailing Address and ZIP Code Haywood, George W., Mr. 642 Second St.	Name of Employer self	Date (month, day, year) 11/16/1999	Amount of Each Receipt this Period \$500.00
Brooklyn NY 11215 Receipt For:	Occupation investor Aggregate Year-to-Date > \$500	.00	-
F. Full Name, Mailing Address and ZIP Code Hemming, Cathy D., Ms. 255 W. End Avenue - 9A	Name of Employer Harper Collins	Date (month, day, year) 9/23/1999	Amount of Each Receipt this Period \$250.00
New York NY 10023 Receipt For:	Occupation Book Publisher Aggregate Year-to-Date > \$250	.00	
G. Full Name, Mailing Address and ZIP Code Hinds, Mirian R.D.1 Box 1083	Name of Employer self	Date (month, day, year) 11/24/1999	Amount of Each Receipt this Period \$250.00
Dingmans Ferry PA 18328 Receipt For:	Occupation retired Aggregate Year-to-Date > \$250	.00	·
BTOTAL of Receipts This Page (optional)		>	\$2,750.00

TOTAL This Period (last page this line number only)

Contributions from Individuals

FOR LINE NUMBER 11(a)(i)

arry Graham for CongressExploratory			C00348052
	Name of Employer Beldock Levine and Hoffman	Date (month, day, year) 9/26/1999	Amount of Eac Receipt this Per \$500.00
New York NY 10016 Receipt For: ☐ Primary ☐ General	Occupation Attorney	j .	
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
B. Full Name, Mailing Address and ZIP Code Holiand, Robert 257 Soundview	Name of Employer Workplace Integrators	Date (month, day, year) 12/27/1999	Amount of Eac Receipt this Per \$500.00
White Plains NY 10606 Receipt For: ☑ Primary ☐ General	Occupation consultant		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
Horvath, Jordan, Mr. 176 West 87th Str Apt. 3F	Name of Employer Parker Chapin LLP	Date (month, day, year) 12/13/1999	Amount of Eac Receipt this Per \$500.00
Receipt For: Primary General	Occupation attorney		
	Aggregate Year-to-Date > \$500.		
	Name of Employer Morgan Stanely & Co.	Date (month, day, year)	Amount of Eac Receipt this Per
Morgan Stanley and Co. 1585 Broadway - 36t New York NY 10036		11/5/1999	\$500.00
Receipt For:	Occupation investment banker	<u> </u>	
	Aggregate Year-to-Date > \$500.		
	Name of Employer Tams-Witmark Music	Date (month, day, year)	Amount of Eac Receipt this Per
Name Wards ANY 40004	Library, Inc	9/24/1999	\$250.00
Receipt For:	Occupation Executive		
	Aggregate Year-to-Date > \$250.		
	Name of Employer self	Date (month, day, year) 9/10/1999	Amount of Eac Receipt this Per \$250.00
	Occupation Real Estate Developer		
	Aggregate Year-to-Date > \$250.0	00	
	Name of Employer	Date (month,	Amount of Eac
	Self-employed	day, year) 9/24/1999	Receipt this Per \$1,000.00
washartan NO 000P0	Occupation		
	Occupation Physician		
	Aggregate Year-to-Date > \$1,000	0.00	



	Use separate schedule(s)
	for each category of the
7	Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

_arry Graham for CongressExplora	itory Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Jacobs, Stephen, Esq. Weil Gotshal and Manges 767 Fifth Aven	Name of Employer Weil Gotshal & Manges, ue LLP	Date (month, day, year) 9/10/1999	Amount of Each Receipt this Perio \$500.00
New York NY 10153 Receipt For:	Occupation Peral Attorney		
Other (Specify):	Aggregate Year-to-Date > \$500	.00	
B. Full Name, Mailing Address and ZIP Code James, Melissa, Ms. 197 Berkeley Place	Name of Employer Morgan Stanley	Date (month, day, year) 10/15/1999	Amount of Each Receipt this Perio \$1,000.00
Brooklyn NY 11217 Receipt For:	Occupation investment		
Other (Specify):		00.00	
C. Full Name, Mailing Address and ZIP Code Kennan, Nancy, Ms. 455 East 86th Street	Name of Employer Merrill Lynch	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Perio \$500.00
New York NY 10028 Receipt For:	Occupation Investment banker Aggregate Year-to-Date > \$500	00 :	
D. Full Name, Mailing Address and ZIP Code Kline, Roger C., Mr. 146 Central Park West-6G	Name of Employer McKinsey & Co.	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Perio \$250.00
New York NY 10023 Receipt For:	Occupation Consultant Aggregate Year-to-Date > \$250		
E. Full Name, Mailing Address and ZIP Code Kolheim, Johnie, Ms. 7423 S. Euclid Ave.	Name of Employer self	Date (month, day, year) 9/20/1999	Amount of Each Receipt this Perio \$250.00
Chicago IL 60649 Receipt For:			
F. Full Name, Mailing Address and ZIP Code Landis, Donald, Mr. 14 Colonial Rd.	Aggregate Year-to-Date > \$250 Name of Employer Landis Brothers Corp.	Date (month, day, year) 12/7/1999	Amount of Each Receipt this Perio \$500.00
White Plains NY 10605 Receipt For: ☐ Primary ☐ General Control Contr			
Other (Specify):	Aggregate Year-to-Date > \$500	1	
G. Full Name, Mailing Address and ZIP CodeLang, R. Todd, Esq.28 Oxford Road	Name of Employer Weil Gotshal and Manges, LLP	Date (month, day, year) 10/1/1999	Amount of Each Receipt this Perio \$500.00
Scarsdale NY 10583 Receipt For:	Occupation Attorney Aggregate Year-to-Date > \$500	.00	
·			

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

tee	,	C00348052
	Date (month.	Amount of Each
nployer	day, year)	Receipt this Perio
	12/1/1999	\$200.00
	_	
rear-to-Date > \$700.	.00	1
nployer	Date (month,	Amount of Each
	day, year)	Receipt this Perio
	11/16/1999	\$500.00
	\dashv	
	ľ	
rear-to-Date > \$700.	. 00	1
nployer	Date (month,	Amount of Each
ployed	day, year)	Receipt this Perio
	9/9/1999	\$500.00
	-	
ant]
$\frac{1}{2}$ (ear-to-Date $\frac{1}{2}$ \$500.		
nployer	Date (month,	Amount of Each
auder Corp.	day, year) 11/19/1999	Receipt this Perio
	11/13/1333	\$500.00
	7 !	
ve		
<u>'ear-to-Date</u> \$500.		
nployer	Date (month, day, year)	Amount of Each Receipt this Perio
lings	9/23/1999	\$250.00
	7,23,233	\$250.00
	۱ ۱	
nt	<u>.</u>	
rear-to-Date > \$250.		A
ployer in Litowitz	Date (month, day, year)	Amount of Each Receipt this Perio
.n bitowitz	10/19/1999	\$300.00
	 	<u>.</u>
,		
ear-to-Date > \$300.	1	ļ
ployer	Date (month,	Amount of Each
pioyei	day, year)	Receipt this Perio
	11/24/1999	\$500.00
	_	
ear-to-Date > \$500.	00	
777		
ear-t	o-Date > \$500.	o-Date > \$500.00

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FOR LINE NUMBER

Contributions from Individuals

11(a)(i) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for

A. Full Name, Malling Address and ZIP Code Lofters, Cecilia Obrien, Esq. Sal Hillsbury Lane Stamford CT 06903	Larry Graham for CongressExploratory	y Committee		C00348052
Receipt For:	Lofters, Cecilia Obrien, Esq. 80 Hillsbury Lane	White and Case	day, year)	Receipt this Period
B. Full Name, Malling Address and ZIP Code Milgrom, Rabbi Shira 10 Eartwood Drive White Plains NY 10606 Receipt For: Primary General Congregation Rol Ami 9/9/1999 \$250.00	Receipt For:	Attorney		
Milgrom, Rabbi Shira 10 Earlwood Drive 1				Amount of Foot
Receipt For. Other (Specify): Aggregate Year-to-Date \$250.00	Milgrom, Rabbi Shira		day, year)	Receipt this Period
C. Full Name, Mailing Address and ZIP Code Millstein, Ira M., Esq. Weil Gotshal Manges 767 Fifth Avenue New York NY 10153 Occupation Attorney Aggregate Year-to-Date S500.00			-	
Millstein, Ira M., Esq. Weil Gotshal Manges 767 Fifth Avenue New York NY 10153 Occupation Attorney Aggregate Year-to-Date \$500.00		Aggregate Year-to-Date > \$250.0	00	
Receipt For: Primary General Attorney Other (Specify): Aggregate Year-to-Date \$500.00	Millstein, Ira M., Esq.	1	day, year)	Receipt this Period
D. Full Name, Mailing Address and ZIP Code Morton, Margaret Seay, Ms. 5700 Arlington Ave. Bronx NY 10474 Receipt For: Other (Specify): Other (Specify): Occupation	Receipt For: Primary General	Attorney		
Morton, Margaret Seay, Ms. 5700 Arlington Ave. Bronx NY 10474 Receipt For:				Amount of Each
Receipt For:	Morton, Margaret Seay, Ms.		day, year)	Receipt this Period
E. Full Name, Malling Address and ZIP Code Morton, Robert, Dr. 39 Hampton Oval New Rochelle NY 10805 Receipt For: Other (Specify): Receipt For: Date (month, day, year) 9/13/1999 Self-employed Occupation Physician Physician Other (Specify): Aggregate Year-to-Date > \$500.00 Name of Employer 9/13/1999 Date (month, day, year) 9/13/1999 Seceipt for: Occupation Banker Other (Specify): Aggregate Year-to-Date > \$750.00 Name of Employer Lazard Freres & Company Date (month, day, year) 9/13/1999 Amount of Each Receipt this Period \$500.00	Receipt For: Primary General	administrator		
Morton, Robert, Dr. 39 Hampton Oval New Rochelle NY 10805 Receipt For:				
Receipt For:	Morton, Robert, Dr.		day, year)	Receipt this Period
F. Full Name, Mailing Address and ZIP Code OHerron, Jonathan, Mr. 45 Swifts Lane Darien CT 06820 Receipt For: Other (Specify): G. Full Name, Mailing Address and ZIP Code OHerron, Jonathan, Mr. 45 Swifts Lane Other (Specify): G. Full Name, Mailing Address and ZIP Code OHerron, Jonathan, Mr. 45 Swifts Lane Darien CT 06820 Receipt For: OCcupation Lazard Freres & Company Name of Employer Banker Date (month, day, year) Name of Employer Lazard Freres & Company Date (month, day, year) Lazard Freres & Company Date (month, day, year) 11/24/1999 \$250.00	Receipt For: Primary General	Physician		·
OHerron, Jonathan, Mr. 45 Swifts Lane Darien CT 06820 Receipt For: Other (Specify): G. Full Name, Mailing Address and ZIP Code OHerron, Jonathan, Mr. 45 Swifts Lane Darien CT 06820 Receipt For: Aggregate Year-to-Date Darien CT 06820 Name of Employer Lazard Freres & Company Date (month, day, year) 11/24/1999 Amount of Each Receipt this Period \$250.00 Cocupation Banker Primary General Receipt For: Again Freres & Company Date (month, day, year) 11/24/1999 \$250.00		· 		
Receipt For:	OHerron, Jonathan, Mr.	· ·	day, year)	Receipt this Period
G. Full Name, Mailing Address and ZIP Code OHerron, Jonathan, Mr. 45 Swifts Lane Darien CT 06820 Receipt For: Name of Employer Lazard Freres & Company Company Lazard Freres & Company Company Lazard Freres & Company Company Lazard Freres & Lazard	Receipt For:	Banker		
OHerron, Jonathan, Mr. 45 Swifts Lane Darien CT 06820 Receipt For:		 		Amount of Each
Receipt For:	OHerron, Jonathan, Mr.	1	day, year)	Receipt this Period
Aggregate Tear-to-Date >\$ /50.00	Receipt For:	Banker	0	
	Care (openy).	rigglegate ear-to-bate / \$750.0		

SCHEDULE A

ITEMIZE RECEIPTS

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of the
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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

arry Graham for CongressExplorator	y Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Owens, Allyson H., Esq.	Name of Employer Cohen & Cohen, P.C.	Date (month, day, year) 9/16/1999	Amount of Eac Receipt this Per \$250.00
2434 Windbreak Drive			
Alexandria VA 22306 Receipt For:	Occupation		
Receipt For: Other (Specify):	Attorney		
3. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$250 Name of Employer	Date (month,	Amount of Ea
Parsons, Carol Ann, Mrs.	self	day, year)	Receipt this Pe
56 Hereford Road		9/20/1999	\$250.00
Bronxville NY 10708	Convention		
Receipt For:	Occupation homemaker		
Other (Specify):	Aggregate Year-to-Date > \$250		1
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Ea
Penn, Lawrence E., Mr., III	J.P. Morgan	day, year)	Receipt this Pe
124 LaSalle Street, 5C	or resident	11/16/1999	\$500.00
New York NY 10027	Occupation		
Receipt For:	portfolio manager		
Other (Specify):	Aggregate Year-to-Date > \$500	.00	
). Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Ea
Polak, Jack, Mr.	Equite Interest Inc.	day, year)	Receipt this Pe
195 Beech Street	1	12/1/1999	\$200.00
Tuckahoe NY 10707	Occupation	<u>-</u>	
Receipt For: Primary General	exec		
Other (Specify):	Aggregate Year-to-Date > \$250	.00	
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Ea
Polak, Jack, Mr.	Equite Interest Inc.	day, year)	Receipt this Pe
195 Beech Street		9/26/1999	\$50.00
Tuckahoe NY 10707	Occupation	-	
Receipt For: Primary General	exec		
Other (Specify):	Aggregate Year-to-Date > \$250	.00	
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Eac
Redhead, R. Chester, Dr.	Self-employed	day, year)	Receipt this Pe
225 Fifth Avenue		9/26/1999	\$250.00
New York NY 10037	Occupation	-	
Receipt For:	Physician		
Other (Specify):	Aggregate Year-to-Date > \$250	. 00	
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Eac
Robinson, Jack E., Mr.	Cellular One	day, year)	Receipt this Per
03 Havemeyer		9/15/1999	\$750.00
Greenwich CT 06830	Occupation	┥ !	
eceipt For: Primary General	Executive		
Other (Specify):	Aggregate Year-to-Date > \$750	.00	
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SCHEDULE A

SSOC SER TO

ITEMIZED RECEIPTS

Use separate schedule(s
for each category of the
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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

arry Graham for CongressExploratory		Data (manth	America of Foot
A. Fuil Name, Mailing Address and ZIP Code Rose, Adam R., Mr.	Name of Employer Rose Associates	Date (month, day, year)	Amount of Each Receipt this Perio
AP Farm, P.O. Box 657	Rose Associates	11/5/1999	\$500.00
Cross River NY 10518	Convention		
Receipt For: Primary General	Occupation real estate broker		
Other (Specify):	Aggregate Year-to-Date > \$500	.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Rose, John, Mr.	McKinsey & Co.	day, year)	Receipt this Perio
222 Stillson Hill Rd.		12/6/1999	\$500.00
New Milford CT 06776	Occupation	-	
Receipt For:	management consultant		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Perio
Rosiello, Robert, Mr.	McKinsey & Co.	9/16/1999	\$500.00
5 Davis Hill Road			\$300.00
Weston CT 06883 Receipt For: □ □ General	Occupation		
Receipt For: Other (Specify): General	Consultant		
). Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$500. Name of Employer	Date (month,	Amount of Each
Ross, James J., Esq.	Becker Ross Stone	day, year)	Receipt this Perio
70 Park Avenue	Destefano	11/16/1999	\$500.00
ew York NY 10021	Occupation		
eceipt For:	attorney		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Rothman, Richard, Esq.	Weil Gotshal & Manges	day, year)	Receipt this Perio
Veil,Gotshal and Manges 767 Fifth Avenue		9/17/1999	\$250.00
lew York NY 10153	Occupation	.	
eceipt For: Primary General	Attorney		
Other (Specify):	Aggregate Year-to-Date > \$250.		
. Full Name, Mailing Address and ZIP Code Salembier, Valerie, Ms.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Perior
075 Park Avenue, Apt. 14C	Esquire Magazine	11/5/1999	\$500.00
ew York NY 10128			400000
eceipt For:	Occupation publisher	. 1	•
Other (Specify):	Aggregate Year-to-Date > \$500.	00	•
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
alomon, Fran, Mrs.	self	day, year)	Receipt this Period
0 Willowbrook Road		9/16/1999	\$500.00
/hite Plains NY 10605	Occupation	-	
eceipt For:	Homemaker		•
Other (Specify):	Aggregate Year-to-Date > \$500.	00	

ITEMIZE RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 16 OF 20

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Larry Graham for CongressExploratory	Committee		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Schneiderman, Irwin, Esq.	Cahill Gordon & Bendel	9/13/1999	\$500.00
Cahill,Gordon,Reidel 80 Pine Street] ,, =0, =0, =	4300.00
New York NY 10005 Receipt For: Primary General	Occupation		
Receipt For:	Attorney		· ·
B. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$500. Name of Employer	Date (month,	Amount of Each
Scully, Robert, Mr.	Morgan Stanley	day, year)	Receipt this Period
9 East 79th St.	Substitution	11/5/1999	\$1,000.00
New York NY 10021	Occupation	┨.	
Receipt For: Primary General	investment banker		
Other (Specify):	Aggregate Year-to-Date >\$1,00	0.00	-
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Selby, Norman, Mr.	Citigroup	day, year)	Receipt this Period
205 Wood Road	- · -	9/13/1999	\$500.00
Mount Kisco NY 10549	Occupation	-{	
Receipt For:	Banker		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	1
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Seltzer, Maxine	Commerce One	day, year)	Receipt this Period
301 Millwood Rd.		12/1/1999	\$500.00
Chappaqua NY 10514	Occupation	1 .	}
Receipt For:	consultant		
Other (Specify):	Aggregate Year-to-Date > \$500.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	self	9/14/1999	\$250.00
47 Timber Ridge] 3, 21, 2333	V250.00
Mount Kisco NY 10549	Occupation		
Receipt For:	Physician Aggregate Year-to-Date > \$250.		
F. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$250. Name of Employer	T 5	Amount of Each
A	Chase	day, year)	Amount of Each Receipt this Period
25 Hemlock Hills	Chase	9/20/1999	\$500.00
Chappaqua NY 10514			
	Occupation Executive	•	
	Aggregate Year-to-Date > \$500.0		
	Name of Employer	Date (month,	Amount of Each
	self	day, year)	Receipt this Period
25 Trinity Pass	•	12/1/1999	\$250.00
Pound Ridge NY 10576	Occupation		
	attorney		•
Other (Specify):	Aggregate Year-to-Date > \$250.0	00	

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PAGE 17 OF 20

FOR LINE NUMBER

Contributions from Individuals

Larry Graham for CongressExploratory (C00348052
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	self	11/24/1999	\$500.00
P.O.Box 1277 (10 October Circle, Langrangevi			,
	Occupation consultant		
	Aggregate Year-to-Date > \$500.0	10	
	Name of Employer	Date (month,	Amount of Each
	Peter J. Solomon & Co.	day, year)	Receipt this Period
562 West End Ave7A		9/20/1999	\$500.00
New York NY 10024	Occupation		•
	Finance		
	Aggregate Year-to-Date > \$500.0	0	
	Name of Employer	Date (month, day, year)	Amount of Each
	Wall Street Equity	10/4/1999	Receipt this Period
The state of the s	Brokers, In	10/4/1999	\$250.00
	Occupation		
	President		
	Aggregate Year-to-Date > \$250.0		
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self-Employed	9/20/1999	\$250.00
16845 Kercheval - Ste.5		, , , , , , , , , , , , , , , , , , , ,	725000
	Occupation		•
	Attorney		
	Aggregate Year-to-Date > \$250.0	Date (month,	Amount of Each
	Carnegie Corp.	day, year)	Receipt this Period
175 Riverside Dr5H	carnegre corp.	9/20/1999	\$250.00
Name Valle NIV 40004	Occupation		
	Executive		
· 🗖	Aggregate Year-to-Date > \$250.0	0	•
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Stuntz, Elizabeth, Ms.	self	day, year)	Receipt this Period
1055 Seahaven Dr.		11/5/1999	\$500.00
	Occupation		
· _	psychoanalyst		
	Aggregate Year-to-Date > \$500.0	0	
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
=	Blue Capital Management	9/28/1999	\$500.00
5002 Pendleton Court		2,20,233	4300.00
Los Angeles CA 90056	Occupation Finance		
		l l	
Receipt For: Primary General	Aggregate Year-to-Date > \$500.0		

PAGE 18 OF 20

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

arry Graham for CongressExplorator	/ Committee		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Perio
Thomas-Graham, Pamela	CNBC.com	12/23/1999	\$1,000.00
233 So. Greeley Ave.			72,000.00
Chappaqua NY 10514 Receipt For: Primary General	Occupation Executive		
Other (Specify):		000.00	
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Thomas-Graham, Pamela	CNBC.com	day, year)	Receipt this Period
233 So. Greeley Ave.		12/23/1999	\$1,000.00
Chappaqua NY 10514	Occupation	\dashv	
Receipt For: Primary 🔀 General	Executive		
Other (Specify):	Aggregate Year-to-Date > \$2,0	000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Tisch, Andrew, Mr.	Loew's Corp.	day, year)	Receipt this Period
395 Park Avenue		9/7/1999	\$1,000.00
New York NY 10021	Occupation		
Receipt For: Primary General	Executive		·
Other (Specify):	Aggregate Year-to-Date >\$1,0		
D. Full Name, Mailing Address and ZIP Code Fisch, Ann, Mrs.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
195 Park Avenue	self	9/7/1999	\$1,000.00
New York NY 10021			42,000.00
Receipt For:	Occupation homemaker		
Other (Specify):		100 00	
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
lisch, Lawrence A., Mr.	Loew's Corporation	day, year)	Receipt this Period
0 Island Drive		11/5/1999	\$500.00
Rye NY 10580	Occupation	_	
Receipt For: Primary General	Executive		
Other (Specify):	Aggregate Year-to-Date > \$500	.00	•
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
isch, Preston R., Mr.	Loew's Corp.	day, year)	Receipt this Period
67 Madison Avenue		11/16/1999	\$1,000.00
lew York NY 10021	Occupation	- ·	
ecelpt For: Primary General	Co-Chairman		
Other (Specify):	Aggregate Year-to-Date >\$1,0	00.00	
. Full Name, Malling Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
isch, Wilma S., Mrs.	self	day, year) 11/5/1999	Receipt this Period
0 Island Drive		11/3/1999	\$500.00
ye NY 10580	Occupation	7	
eceipt For:	homemaker		
Cother (Specify):	Aggregate Year-to-Date > \$500	.00	

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 19 OF 20

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

arry Graham for CongressExploratory	Committee		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Tuffin, Paula	Self-Employed	day, year) 9/13/1999	Receipt this Peri
71 Hathaway Lane		9/13/1999	\$500.00
Essex Fells NJ 07021	Occupation	╡.	
Receipt For: Primary General	Divorce Mediator		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Perio
Tyler, Lauren, Ms.	TSG Capital Group	9/26/1999	\$250.00
914 Rockrimmon Road		3/26/1999	\$250.00
Stamford CT 06903	Occupation	1	
Receipt For: Primary General	investment banker]
Other (Specify):	Aggregate Year-to-Date > \$250.	00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Van Lee, Reginald, Mr.	Booz-Allen Hamilton	day, year)	Receipt this Perio
Booz-Allen-Hamilton 101 Park Avenue		11/24/1999	\$500.00
New York NY 10178	Occupation	┥ .	
Receipt For:	management consultant		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Varet, Elizabeth R., Ms.	American Securities	day, year)	Receipt this Perio
122 E. 42nd St., 24th Fl.		11/19/1999	\$1,000.00
New York NY 10168	Occupation	-	
Receipt For:	Chairman of the Board	}	
Other (Specify):	Aggregate Year-to-Date > \$1,00	0.00	,
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Vascellaro, Jerome, Mr.	McKinsey & Co.	day, year)	Receipt this Perio
McKinsey and Company 55 East 52nd St.		9/13/1999	\$250.00
New York NY 10055	Occupation	+	
Receipt For:	Consultant		
Other (Specify):	Aggregate Year-to-Date > \$250.	00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Ward, Jay, Mr.	Aenid	day, year)	Receipt this Perio
5261 Boyd Avenue		10/15/1999	\$500.00
Oakland CA 94618	Occupation	. !	
Receipt For:	Business developer		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	•
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Webb Wood, Danna M., Esq.	Self-employed	day, year)	Receipt this Perio
45 W. 139th St11N		9/14/1999	\$250.00
New York NY 10037	Cocupation	1	
Receipt For:	Occupation Attorney		
Other (Specify):	Aggregate Year-to-Date > \$250.0	10	
	7230.		
OTAL of Receipts This Page (optional)			\$3,250.00

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Use separate schedule(s for each category of the Detailed Summary Page PAGE 20 OF 20

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

.

Williams, Dauna, Ms. A15 second Street Apt.2 Document Document Date (month, day, year) Primary General Date (month, day, year) Primary General Date (month, day, year) Date (month, day, year) Primary General Date (month, day, year) Date (month, day	Larry Graham for CongressExplorate	ory Committee		C00348052
Afficial Content Afficial Co	· ·	· -		Amount of Each
Secopt For Other (Specify): Primary General Aggregate Year-to-Date \$500.00		Ohayo Consulting LLC	1	1
Receipt For. Cher (Specify): Agreeate Year-to-Date \$500.00	<u>-</u>		11/10/1999	\$300.00
Other (Specify): Aggregate Year-to-Date \$500.00				
B. Full Name, Mailing Address and ZIP Code Williams, E.T, Mr. 82 Hempstead Street Sag Harbor NY 11963 Receipt For. Cher (Specify): C. Full Name, Mailing Address and ZIP Code Wright, Robert, Mr. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: Cher (Specify): C. Full Name, Mailing Address and ZIP Code Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: Cher (Specify): C. Full Name, Mailing Address and ZIP Code Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: Cher (Specify): Cocupation				_
Williams, E.T, Mr. S2 Hempstead Street S250. S				
Sz Hempstead Street Sag Harbor NY 11963 Cocupation Investor Aggregate Year-to-Date \$250.00	_	• •		Receipt this Period
Sag Harbor NY 11963 Receipt For: Primary General Investox Aggregate Year-to-Date \$250.00 C. Full Name, Malling Address and ZIP Code Wright, Robert, Mr. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: Primary General Occupation Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: Primary General Occupation Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: Primary General Occupation Receipt For: Primary General Name of Employe Full Name, Malling Address and ZIP Code Name of Employe Name of Employe Name of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Receipt this Full Name, Malling Address and ZIP Code Name of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Name of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Name of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Receipt For: Occupation Receipt For: Primary General Aggregate Year-to-Date \$1,000.00 Receipt For: Occupation Aggregate Year-to-Date \$1,000.00 Name of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Name of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Employe Date (month, day, year) Aggregate Year-to-Date \$1,000.00 Amount of Employe Date (month, day, year)	•	E.L.Nora, Inc.		\$250.00
Receipt For. Primary General Investor Aggregate Year-to-Date \$250.00 C. Full Name, Mailing Address and ZIP Code Wright, Robert, Mr. 734 Sasco Hill Road Fairfield CT 06430 Receipt For. Primary General Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For. Primary General Other (Specify): Full Name, Mailing Address and ZIP Code Receipt For. Primary General Other (Specify): Full Name, Mailing Address and ZIP Code Receipt For. Primary General Cocupation Receipt For. Primary General Aggregate Year-to-Date Aggregate Year-to-Date Name of Employe Date (month, day, year) Aggregate Year-to-Date Date (month, day, year) Receipt For. Primary General Aggregate Year-to-Date Cocupation Cocupation Cocupation Date (month, day, year) Aggregate Year-to-Date Date (month, day, year) Aggregate Year-to-Date Date (month, day, year) Aggregate Year-to-Date Cocupation Cocu	•			,
G. Full Name, Malling Address and ZIP Code Wright, Robert, Mr. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: ☐ Other (Specify): D. Full Name, Malling Address and ZIP Code Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: ☐ Other (Specify): D. Full Name, Malling Address and ZIP Code Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: ☐ Other (Specify): Full Name, Malling Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify): Full Name, Malling Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify): Full Name, Malling Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify): Full Name, Malling Address and ZIP Code Name of Employe Date (month, day, year) Aggregate Year-to-Date Occupation Name of Employe Date (month, day, year) Aggregate Year-to-Date Occupation Primary ☐ General ☐ Other (Specify): Aggregate Year-to-Date Occupation Aggregate Year-to-Date Date (month, day, year) Aggregate Year-to-Date Occupation Aggregate Year-to-Date Occupation Occupation Aggregate Year-to-Date Occupation Aggregate Year-to-Date Occupation Aggregate Year-to-Date Occupation Amount of Expecipt this Face in this			·	
Name of Employer Name, Mailing Address and ZIP Code Name of Employer Name of Empl				
Wright, Robert, Mr. 734 Sasco Hill Road Receipt For:				Amount of Foot
Table Tabl		· · · · · ·		Receipt this Perio
Cocupation Coc		NBC	1	\$1,000.00
Receipt For: Other (Specify):				
Other (Specify): Aggregate Year-to-Date \$1,000.00				
D. Full Name, Mailing Address and ZIP Code Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: Cither (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Cither (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Cither (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Cither (Specify): Receipt For: Cither (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Cither (Specify): Aggregate Year-to-Date Name of Employe Date (month, day, year) Receipt Ton: Cither (Specify): Aggregate Year-to-Date Receipt For: Cither (Specify): Aggregate Year-to-Date Name of Employe Date (month, day, year) Receipt For: Cither (Specify): Aggregate Year-to-Date Occupation Aggregate Year-to-Date Date (month, day, year) Receipt For: Cither (Specify): Aggregate Year-to-Date Occupation Occupation Aggregate Year-to-Date Occupation				-
Wright, Suzanne, Mrs. 734 Sasco Hill Road Fairfield CT 06430 Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Other (Specify): Receipt For: Primary General Occupation Aggregate Year-to-Date Occupation Occupation Name of Employe Occupation Aggregate Year-to-Date Name of Employe Date (month, day, year) Aggregate Year-to-Date Primary General Occupation Receipt For: Primary General Occupation Occupation Aggregate Year-to-Date Occupation Date (month, day, year) Amount of Employe Receipt For: Occupation Receipt For: Occupation Occupation Amount of Employe Date (month, day, year) Aggregate Year-to-Date Occupation Occupation Occupation Amount of Employe Date (month, day, year) Amount of Employe Occupation				
Taylor T	. •	· •		
Cocupation Coc		self	1	1
Receipt For: Primary General Homemaker			12/13/1333	\$1,000.00
Other (Specify): Aggregate Year-to-Date \$1,000.00	The second secon			
Name of Employe Date (month, day, year) Receipt this Face of thi				
Cocupation Coc				
Occupation Occupation Aggregate Year-to-Date Date (month, day, year) Receipt For:	Full Name, Mailing Address and ZIP Code	Name of Employe		Amount of Each
Receipt For:			day, year,	Necept this reno
Receipt For:				
Other (Specify): Aggregate Year-to-Date Date (month, day, year) Amount of Employe Date (month, day, year) Receipt this Fill Name, Mailing Address and ZIP Code Occupation O				
Full Name, Mailing Address and ZIP Code Name of Employe Occupation Occupation Amount of E Receipt this F Occupation Aggregate Year-to-Date Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Amount of E Receipt this F Occupation Occupation Occupation Occupation Occupation				
Occupation Occupation Occupation				
Occupation Occupation Occu	Full Name, Mailing Address and ZIP Code	Name of Employe		Amount of Each
Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Receipt For: Occupation Occupation		·	day, year)	Receipt this Peno
Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Receipt For: Occupation Occupation				
Other (Specify): Aggregate Year-to-Date Date (month, day, year)			7	
Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Amount of E Receipt this F Occupation				
day, year) Receipt For: Occupation Primary General General Comparison	Other (Specify):	Aggregate Year-to-Date >		
Receipt For: General Occupation	Full Name, Mailing Address and ZIP Code	Name of Employe		Amount of Each
Receipt For:			day, year)	Receipt this Period
Receipt For:	·			
Receipt For: Primary General		Occupation	┥ !	
☐ Other (Specify): Aggregate Year-to-Date >	Receipt For: Primary General	·		
	Other (Specify):	Aggregate Year-to-Date >		
OTAL of Receipts This Page (optional)	AWAL of Booking White Booking the			\$2,750.00
	This Period (last page this line number only)			\$65,400.0

SCHEDULE A Contributions from the Candidate

TOTAL SINT HIS TO

ITEMIZED RECEIPTS

for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 11(d)

Larry Graham for CongressExploratory	/ Committee	•	C00348052
A. Full Name, Mailing Address and ZIP Code Graham, Lawrence O., Mr.	Name of Employer Progressive Management	Date (month, day, year)	Amount of Each Receipt this Period
233 So. Greeley Ave.	Assoc.	12/29/1999	\$1,000.00
Chappaqua NY 10514	Occupation	7	
Receipt For: Primary General	consultant		_
Other (Specify):	Aggregate Year-to-Date > \$2,00	Date (month,	Amount of Each
B. Full Name, Mailing Address and ZIP Code Graham, Lawrence O., Mr.	Name of Employer Progressive Management	day, year)	Receipt this Period
233 So. Greeley Ave.	Assoc.	12/29/1999	\$1,000.00
Chappaqua NY 10514	Occupation	4	
Receipt For: Primary General	consultant		
Other (Specify):	Aggregate Year-to-Date > \$2,00	0.00	1 .
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month,	Amount of Each
•	•	day, year)	Receipt this Period
	Occupation	1	
Receipt For: Primary General			
Other (Specify):	Aggregate Year-to-Date		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
	·	day, year)	Receipt this Period
		·	
	Occupation		
Receipt For: Primary General Other (Specify):			
	Aggregate Year-to-Date	1 5	
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
		1	
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >	<u>.</u>	
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month,	Amount of Each
		day, year)	Receipt this Period
	Occupation	1	-
Receipt For: Primary General	Oscopation		
Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month,	Amount of Each
	1	day, year)	Receipt this Period
			•
	Occupation	i i	
Receipt For: Primary General			
Other (Specify):	Aggregate Year-to-Date	·	
TOTAL of Receipts This Page (optional)			\$2,000.00
1. This Deviced (fact name this line number only)			
AL This Period (last page this line number only)		······ >	\$2,000.00

HE TOP TOTAL

PAGE

FOR LINE NUMBER

SCHEDULE A ITEMIZED RECEIPTS Loans Made or Guaranteed by the C didate

Graham, Lawrence Otis 233 So. Greeley Chappaqua NY 10514 Receipt For:	NAME OF COMMITTEE (In Full) Larry Graham for CongressExplorator	y Committee		C00348052
Other (Specify): Aggregate Year-to-Date \$128,000.00	Graham, Lawrence Otis 233 So. Greeley Chappaqua NY 10514	Progressive Management Assoc. Occupation	day, year)	Amount of Each Receipt this Period \$120,000.00 Made by Cand
B. Full Name, Mailing Address and ZIP Code Graham, Lawrence Otis 233 So. Greeley Chappaqua NY 10514 Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Date (month, day, year) Amount of Each Receipt His Period Occupation Occupation Receipt For: Other (Specify): Pull Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount of Each Receipt His Period Occupation Occupation Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Amount of Each Receipt His Period Occupation Occupation Date (month, day, year) Amount of Each Receipt His Period Occupation Receipt For: Other (Specify): Aggregate Year-to-Date Name of Employe Date (month, day, year) Amount of Each Receipt His Period Occupation Occupation Date (month, day, year) Amount of Each Receipt His Period Occupation Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Amount of Each Receipt His Period Occupation Occupation Occupation Occupation Occupation Aggregate Year-to-Date Name of Employe Date (month, day, year) Amount of Each Receipt His Period Occupation Name of Employe Date (month, day, year) Amount of Each Receipt His Period			000 00	-
Other (Specify): Aggregate Year-to-Date \$128,000.00	B. Full Name, Mailing Address and ZIP Code Graham, Lawrence Otis 233 So. Greeley Chappaqua NY 10514	Name of Employer Progressive Management Assoc. Occupation	Date (month, day, year)	Receipt this Period
Full Name, Malling Address and ZIP Code Name of Employe Date (month, day, year)				_
Other (Specify):	Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month,	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year)	<u> </u>	Aggregate Year-to-Date	<u></u>	{
Receipt For:	Full Name, Mailing Address and ZIP Code			Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Receipt For: Occupation Aggregate Year-to-Date Primary General Aggregate Year-to-Date Name of Employe Date (month, day, year) Date (month, day, year) Amount of Each Receipt this Period Cocupation Occupation Receipt For: Occupation Aggregate Year-to-Date Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Aggregate Year-to-Date Occupation Receipt For: Occupation Aggregate Year-to-Date Occupation Aggregate Year-to-Date Occupation Aggregate Year-to-Date Aggregate Year-to-Date	1 · · · · · · · · · · · · · · · · · · ·	·		
Receipt For: Primary General Occupation Receipt For: Aggregate Year-to-Date Full Name, Mailing Address and ZIP Code Receipt For: Primary General Occupation Receipt For: Primary General Other (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Primary General Occupation				
Receipt For: Primary General Aggregate Year-to-Date Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Receipt For: Primary General Aggregate Year-to-Date Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Receipt For: Primary General Occupation Receipt For: Aggregate Year-to-Date Occupation Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	Full Name, Mailing Address and ZIP Code			Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Primary General Occupation Aggregate Year-to-Date Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Armount of Each Receipt this Period Aggregate Year-to-Date Occupation Occupation Primary General Occupation Aggregate Year-to-Date Aggregate Year-to-Date	Receipt For: Primary General			
Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Receipt For: Occupation Aggregate Year-to-Date Name of Employe Date (month, day, year) Amount of Each Receipt this Period Occupation Occupation Aggregate Year-to-Date Aggregate Year-to-Date	Other (Specify):	Aggregate Year-to-Date >		
Receipt For: Other (Specify): Full Name, Mailing Address and ZiP Code Name of Employe Date (month, day, year) Amount of Each Receipt this Period Occupation Occupation Aggregate Year-to-Date Aggregate Year-to-Date	Full Name, Mailing Address and ZIP Code	Name of Employe		
Full Name, Mailing Address and ZIP Code Name of Employe Date (month, day, year) Amount of Each Receipt this Period Occupation Occupation Aggregate Year-to-Date		Occupation		
Receipt For: Occupation Occupation Aggregate Year-to-Date		Aggregate Year-to-Date >		
Receipt For: General Other (Specify): Aggregate Year-to-Date	Full Name, Mailing Address and ZIP Code			
- Aggregate took to bate				
BTOTAL of Receipts This Page (optional)		Aggregate 1 681-10-Date		
TAL This Pariod (last page this line number only)				\$128,000.00

TOOR SOLT TO

for each category of the Detailed Summary Page

PAGE

1 OF 2

FOR LINE NUMBER

Operating Expenditures

SCHEDULE B

DISBURSEMENTS

Larry Graham for CongressExplora	tory Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Emanuel, David 569 Webster Avenue New Rochelle NY 10801	Purpose of Disbursement Office Expenses Office Expenses Disbursement For: Primary General Other (Specify):	Date (month, day, year) 11/5/1999	Amount of Each Disbursment this Perio \$200.00
B. Full Name, Mailing Address and ZIP Code Emerald Assn. Of Putnam County c/o Lavan Carmel NY 10512	Purpose of Disbursement Political Contributions Disbursement For: Primary General Other (Specify):	Date (month, day, year)	Amount of Each Disbursment this Perio \$75.00
C. Full Name, Mailing Address and ZIP Code JT Graphics, Inc. 852 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Fundraising Disbursement For: Primary General Other (Specify):	Date (month, day, year)	Amount of Each Disbursment this Perio
D. Full Name, Mailing Address and ZIP Code JT Graphics, Inc. 852 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Fundraising Disbursement For: Primary General Other (Specify):	Date (month, day, year)	Amount of Each Disbursment this Perio \$360.38
E. Full Name, Mailing Address and ZIP Code JT Graphics, Inc. 852 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Fundraising Disbursement For: Primary General Other (Specify):	Date (month, day, year)	Amount of Each Disbursment this Period \$26.15
F. Full Name, Malling Address and ZIP Code JT Graphics, Inc. B52 Commerce Street Thornwood NY 10594	Purpose of Disbursement Fundraising Fundraising Disbursement For. Primary General Other (Specify):	Date (month, day, year) 9/27/1999	Amount of Each Disbursment this Period \$440.88
G. Full Name, Mailing Address and ZIP Code Keanes Bakery 57 Wheeler Avenue Pleasantville NY 10570	Purpose of Disbursement Fundraising Fundraising Disbursement For. Primary General Other (Specify):	Date (month, day, year)	Amount of Each Disbursment this Period \$57.00
i. Full Name, Mailing Address and ZIP Code Lapook, Judy 114 Blush Hollow Lane Port Chester NY 10573	Purpose of Disbursement Campaign Consultant Campaign Consultant Disbursement For: Primary General Other (Specify):	Date (month, day, year) 12/13/1999	Amount of Each Disbursment this Period \$500.00
Full Name, Mailing Address and ZIP Code Main Course 32 Main Street New Paltz NY 12561	Purpose of Disbursement Fundraising Fundraising Disbursement For: Primary General Other (Specify):	Date (month, day, year) 12/10/1999	Amount of Each Disbursment this Period \$2,104.36
. TOTAL of Disbursements This Page (optional)			\$4,541.12

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SCHEDULE B

Operating Expenditures

ITEMIZE ISBURSEMENTS

-
Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER

Larry Graham for CongressExplora	tory Committee		.C00348052
A. Full Name, Mailing Address and ZIP Code Patterson Democratic Committee c/o Harper Patterson NY 12563	Purpose of Disbursement Political Contributions Disbursement For: Primary General Other (Specify):	Date (month, day, year)	Amount of Each Disbursment this Period \$50.00
B. Full Name, Mailing Address and ZIP Code Postmaster Armonk	Purpose of Disbursement Fundraising Fundraising	Date (month, day, year)	Amount of Each Disbursment this Period
Armonk NY 10504	Disbursement For: Primary General Other (Specify):	10/28/1999	\$198.00
C. Full Name, Mailing Address and ZIP Code Postmaster Chappaqua	Purpose of Disbursement Fundraising Fundraising	Date (month, day, year)	Amount of Each Disbursment this Period
Street Required Chappaqua NY 10514	Disbursement For: Primary General Other (Specify):	9/13/1999	\$33.00
Postmaster Chappaqua	Purpose of Disbursement Fundraising Fundraising	Date (month, day, year)	Amount of Each Disbursment this Period
Street Required Chappaqua NY 10514	Disbursement For: Primary General Other (Specify):	9/7/1999	\$33.00
. Full Name, Mailing Address and ZIP Code Postmaster Chappaqua	Purpose of Disbursement Fundraising Fundraising	Date (month, day, year)	Amount of Each Disbursment this Period
Street Required Chappaqua NY 10514	Disbursement For: Primary General Other (Specify):	10/14/1999	\$50.00
. Full Name, Mailing Address and ZIP Code Susan Lawrence Caterers	Purpose of Disbursement Fundraising Fundraising	Date (month, day, year)	Amount of Each Disbursment this Period
6 North Greeley Avenue Chappaqua NY 10514	Disbursement For: Primary General Other (Specify):	10/5/1999	\$2,369.93
. Full Name, Mailing Address and ZIP Code he Flower Market	Purpose of Disbursement Fundraising	Date (month, day, year)	Amount of Each Disbursment this Period
42 King Street Shappaqua NY 10514	Disbursement For: Primary General Other (Specify):	10/5/1999	\$149.95
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
	Disbursement For: Primary General Other (Specify):		
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
	Disbursement For: Primary General Other (Specify):		
OTAL of Disbursements This Page (optional)			\$2,883.88

\$128,000.00

\$128,000.00

A. F. II Name Malling Address and Tip Code of Lann Course	Priginal Amount	Cummulative	Balance Outstanding
A. Full Name, Mailing Address and Zip Code of Loan Source	of Loan	Payment To Date	at Close of This Perio
Graham, Lawrence Otis	40.000.00	40.00	40.000.00
233 So. Greeley Chappaqua, NY 10514	\$8,000.00	\$0.00	\$8,000.00
Election: Primary General Other (Specify):			
	1/2000 Interest Rate 0	%(apr)	Secured
List All Endorsers or Guarantors (if any) to item	<u>72000</u>	A STEEL	de lead-service de la company
1, Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		Mark Carlo App
:	Amount Guaranteed Outstanding:		
	\$0.00		
2. Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
;	Amount Consented Ordelandian		
	Amount Guaranteed Outstanding: \$0.00		
3. Full Name, Mailing Address and Zip Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding:		
	\$0.00		HEALTH HELLERS IN
3. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Cummulative Payment To Date	Balance Outstanding at Close of This Period
Graham, Lawrence Otis	·	,	1
222 Sa Gradiau		4	l' •
233 So. Greeley Chappagua, NY 10514	\$120,000.00	\$0.00	\$120,000.00
Chappaqua, NY 10514	\$120,000.00	\$0.00	\$120,000.00
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify):			
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11	\$120,000.00 /2000 Interest Rate 0	\$0.00 %(apr)	\$120,000.00
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify):			
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item	/2000 Interest Rate 0		
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item	/2000 Interest Rate 0		
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item	/2000 Interest Rate 0 Name of Employer Occupation		
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item	/2000 Interest Rate 0 Name of Employer Occupation Amount Guaranteed Outstanding:		
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item	/2000 Interest Rate 0 Name of Employer Occupation		
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code	/2000 Interest Rate 0 Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code	/2000 Interest Rate 0 Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code	Name of Employer		\$120,000.00
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code	Name of Employer		
Chappaqua, NY 10514 Election: Primary General Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code 2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00 Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		
Chappaqua, NY 10514 Election: ☑ Primary ☐ General ☐ Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code	Name of Employer		
Chappaqua, NY 10514 Election: Primary General Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code 2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00 Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00		
Chappaqua, NY 10514 Election: Primary General Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code 2. Full Name, Mailing Address and Zip Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00 Name of Employer Occupation Amount Guaranteed Outstanding: \$0.00 Name of Employer Occupation Name of Employer		
Chappaqua, NY 10514 Election: Primary General Other (Specify): Terms: Date Incurred 12/30/1999 Date Due 11/11 List All Endorsers or Guarantors (if any) to item 1. Full Name, Mailing Address and Zip Code 2. Full Name, Mailing Address and Zip Code	Name of Employer		

TOTALS This Period (last page in this line only)

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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Austrized Committee (Summary Page)

	1. NAME OF COMMITTEE (in full)		
뉟	Larry Graham for Congress Exploratory Committee	•	
	ADDRESS (number and street)		
55	P.O. Box 80	2. FEC IDENTIFICA	TION NUMBER
٤	CITY, STATE and ZIP CODE STATE/DISTRICT	C0034	
TYPE OR PRINT	Chappaqua, NY 10514 NY 19	3. IS THIS REPORT	NO
	4. TYPE OF REPORT	7	
	April 15 Quarterly Report 12-Day Pre-Election	Report for the	rpe of Election)
	July 15 Quarterly Report election on	in the State	•
	October 15 Quarterly Report 30-Day Post-Election	n Report for the	(Type of Election)
	January 31 Year End Report election on	in the State	•
	July 31 Mid-Year Report (Non-election Year Only) Termination Report		
	his report contains ctivity for	Special Election	Runoff Election
	SUMMARY		•
5	Covering Period 1/1/2000 through 3/31/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6	Net Contributions (other than loans)		
	(a) Total Contributions (other than loans) (from Line 11(e))	\$66,640.00	\$66,640.00
	(b) Total Contribution Refunds (from Line 20(d))	\$100.00	\$100.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$66,540.00	\$66,540.00
-	•		
7.	Net Operating Expenditures (a) Total Operating Expenditures (from Line 17)	\$12,945.36	\$12,945.36
	(b) Total Offsets to Operating Expenditures (from Line 14)	\$0700	\$0.00
	(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$12,945.36	\$12,945.36
8.	Cash on Hand at Close of Reporting Period (from Line 27)	\$255,054.64	For further information
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	contact: Federal Election Commission 999 E Street, NW
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	Washington, DC 20463 Toll Free 800-424-9530
	certify that I have examined this Report and to the best of my knowledge a and complete.	nd belief it is true, correct	Local 202-219-3420
٦	ype or Print Name of Treasurer RICHARD LASTER		
-	Signature of Treasurer		Date 4/14/2000
L	OTE: Submission of false, erroneous, or incomplete information may subject the pers	on signing this Report to the r	

OTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437

FEBAN144



of Receipts and Disbursements (Page 2, FEC FORM 3)

Vame L	e of Committee (in full) arry Graham for Congress Exploratory Committee	Report Covering the Period 1/1/2000	3/31/2000
	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
	11. CONTRIBUTIONS (other than loans) FROM:		
•	(a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	\$56,100,00	
	(ii) Unitemized	\$10,540.00	
	(iii) Total of contributions from individuals	\$66,640.00	\$66,640,00
	(b) Political Party Committees	\$0.00	\$0.00
	(c) Other Political Committees (such as PACs)	- \$0.00	
	(d) The Candidate	\$0.00	\$0.00
7	(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$66,640.00	\$66,640.00
aint Tank thus	12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	13. LOANS:	\$0.00	\$0.00
	1		
H	(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
1	(b) All Other Loans	- \$0.00	\$0.00
H. And Seed	(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
	14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
 H	14. UPPSEIS IU UPERATING EAPERUITURES (Reiunus, neudies, etc.)	\$0.00	\$0.00
	15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$100.00	\$100.00
i			
	16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	- \$66,740.00	\$66,740.00
·	II. DISBURSEMENTS		
	17. OPERATING EXPENDITURES	-\ \$12,945.36	\$12,945.36
	18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
	19. LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	- \$0.00	\$0.00
	(b) Of All Other Loans	- \$0.00	\$0.00
	(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	- \$0.00	\$0.00
	20. REFUNDS OF CONTRIBUTIONS TO:	· · · · · · · · · · · · · · · · · · ·	
			2100 00
	(a) Individuals/Persons Other Than Political Committees	- \$100.00	\$100.00
	(b) Political Party Committees	- \$0.00	\$0.00
	(c) Other Political Committees (such as PACs)		\$0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		\$100.00
	21. OTHER DISBURSEMENTS	\$0.00	\$0.00
	22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		
		\$13,045.36	\$13,045.36
	III. CASH SUMMARY		
. CAS	SH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 201,36	260.00
. TOT	TAL RECEIPTS THIS PERIOD (from Line 16)	\$ 66,74	40.00
i. SUE	BTOTAL (add Line 23 and Line 24)	\$ 268,10	.00.00
6. TOT	TAL DISBURSEMENTS THIS PERIOD (Irom Line 22)	\$ 13,04	045.36
7. CAS	SH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		5/. 6/.
			2

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Contributions from Individuals

FOR LINE NUMBER 11(a)(i)

arry Graham for CongressExploratory	·		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benerofe, Andrew R., Mr.	Benerofe Properties	3/29/2000	\$500.00
4 New King Street		3,23,2000	\$500.00
Purchase NY 10577	Occupation		
Receipt For: Primary 🛛 General 🔲 Other (Specify):	investor Aggregate Year-to-Date > \$500		4
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month.	Amount of Each
Benerofe, Froma, Mrs.	Westchester Jewish	day, year)	Receipt this Perio
4 New King Street	Community	3/29/2000	\$500.00
Purchase NY 10577	Occupation	_	
Receipt For: Primary General	Social Worker]
Other (Specify):	Aggregate Year-to-Date > \$500	. 00	1
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Blank, Jonathan	Maccabee Capitol	day, year)	Receipt this Period
425 Cameron Street		3/30/2000	\$250.00
Alexandria VA 22314	Occupation	┥ .	
Receipt For:	Investments		
Other (Specify):	Aggregate Year-to-Date > \$250	. 00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Blaustein, Howard A.	Mayer Brown Platt	day, year) 3/31/2000	Receipt this Perio
10 w. 66th St		3/31/2000	\$250.00
New York NY 10023	Occupation	7	
Receipt For:	Lawyer		
Other (Specify):	Aggregate Year-to-Date > \$250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Perior
Boies, Mary, Esq.	Boies McInnis LLP	3/29/2000	\$1,000.00
2 Middle Patent Rd			, , , , , , , , , , , , , , , , , , ,
Armonk NY 10504 Receipt For:	Occupation		
Other (Specify):	Lawyer	10.00	,
Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$1,00	Date (month,	Amount of Each
Borden, Arthur M., Esq.	Rosenman & Colin	day, year)	Receipt this Period
360 UN Plaza	Roseiman & Collin	3/29/2000	\$500.00
New York NY 10017	Occupation		
teceipt For:	Attorney		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
i. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Burroughs, Valentine J., Dr.	Self-Employed	day, year)	Receipt this Period
40 Oxford Road		3/4/2000	\$250.00
lew Rochelle NY 10804	Occupation	-	
eceipt For: Primary General	Physician		
Other (Specify):	Aggregate Year-to-Date > \$250.	00	

PAGE 2 OF 15

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full) Larry Graham for CongressExploratory Committee C00348052 A. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, Amount of Each Receipt this Period day, year) Butcher, George, Mr. Goldman Sachs 3/31/2000 \$500.00 310 Oxford Road New Rochelle NY 10804 Occupation □ Primary Receipt For: ☐ General Investment Banker Other (Specify): Aggregate Year-to-Date > \$500.00 B. Full Name, Mailing Address and ZIP Code Date (month, Amount of Each Name of Employer day, year) Receipt this Period Carr. John W., Mr. Simpson Thacher 3/24/2000 \$500.00 7 West 81st Street New York NY 10024 Occupation Receipt For: ✓ Primary ☐ General Attorney Other (Specify): Aggregate Year-to-Date > \$500.00 C. Full Name, Mailing Address and ZiP Code Name of Employer Date (month, Amount of Each Receipt this Period day, year) Chatzinoff, Howard, Esq. Weil Gotshal and Manges 2/10/2000 \$500.00 Weil Gotshal and Manges 767 Fifth Avenue New York NY 10153 Occupation Receipt For: □ Primary ☐ General Attorney Other (Specify): Aggregate Year-to-Date > \$500.00 D. Full Name, Mailing Address and ZIP Code Date (month. Amount of Each Name of Employer Receipt this Period day, year) Christian, Nathaniel Blaylock Partners LP 3/14/2000 \$1,000.00 28-4th Ave. Pelham NY 10803 Occupation Receipt For: ☑ Primary ☐ General Manager Other (Specify): Aggregate Year-to-Date \$1,000.00 E. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, Amount of Each day, year) Receipt this Period Cook, William, Jr. Arnold & Porter \$300.00 1/18/2000 Arnold and Porter 555 Twelfth Street, NW Washington DC 20004 Occupation Receipt For: □ Primary ☐ General attorney Other (Specify): Aggregate Year-to-Date > \$300.00 F. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, Amount of Each day, year) Receipt this Period Cotton, Richard, Esq. Richard Cotton 3/20/2000 \$1,000.00 1185 Park Ave New York NY 10128 Occupation □ Primary Receipt For: ☐ General Lawyer Other (Specify): Aggregate Year-to-Date > \$1,000.00 G. Full Name, Mailing Address and ZIP Code Date (month, **Amount of Each** Name of Employer Receipt this Period day, year) Dannhauser, Stephen, Esq. Weil Gotshal and Manges 1/18/2000 \$1,000.00 Weil Gotshal and Manges 767 Fifth Avenue New York NY 10153 Occupation Receipt For: **⊠** Primary ☐ General Attorney Other (Specify): Aggregate Year-to-Date >\$1,000.00 SUBTOTAL of Receipts This Page (optional) \$4,800.00 TOTAL This Period (last page this line number only)

SCHEDULE A

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 3 OF 15

FOR LINE NUMBER

Contributions from Individuals

11(a)(i) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for

arry Graham for CongressExplorator	y Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Ebron, James, Mr. 6 Fox Run	Name of Employer BET	Date (month, day, year) 3/8/2000	Amount of Ea Receipt this Pe \$1,000.0
Armonk NY 10504 Receipt For: □ Primary ☑ General	Occupation Executive		
Other (Specify):	Aggregate Year-to-Date > \$2,0	00.00]
B. Full Name, Mailing Address and ZIP Code Ebron, James, Mr. 6 Fox Run Armonk NY 10504	Name of Employer BET	Date (month, day, year) 3/8/2000	Amount of Ea Receipt this Pe \$1,000.0
Receipt For:	Occupation Executive		1
Other (Specify):		00 00	
C. Full Name, Mailing Address and ZIP Code		Date (month.	Amount of Eac
Fales-Hill, Susan, Ms. 863 Park Avenue	Name of Employer Self Employed	day, year) 3/31/2000	Receipt this Pe
New York NY 10021 Receipt For:	Occupation TV Writer Aggregate Year-to-Date > \$500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Ea
Farrow, Anthony, Dr.	Self Employed	day, year)	Receipt this Pe
1508-10 Wadsworth Ave.	Serr Embroked	3/31/2000	\$300.00
Philadelphia PA 19150		┙.	\
Receipt For: Primary General	Occupation Dentist		1
Other (Specify):	Aggregate Year-to-Date > \$300	00	1
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Ea
Firnhaber, Genevieve T.	Self Employed	day, year)	Receipt this Pe
10 Woodland Drive	· ·	2/24/2000	\$400.00
Pleasantville NY 10570	Occupation		
Receipt For:	Realtor		
Other (Specify):	Aggregate Year-to-Date > \$400.	.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Eac
Freeman, Francoisline Jo 609 Fifth Ave	Blaylock Partners,LP	day, year) 3/14/2000	Receipt this Pe
New York NY 10017	Occupation	.	
teceipt For: Primary General	Occupation Manager		
Other (Specify):	Aggregate Year-to-Date > \$2,00	00.00	
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Eac
reeman, Francoisiine Jo 09 Fifth Ave	Blaylock Partners,LP	day, year) 3/14/2000	Receipt this Pe
lew York NY 10017 eceipt For:	Occupation Manager	- 	
Other (Specify):	Aggregate Year-to-Date > \$2,00	0.00	ı

PAGE 4 OF 15

FOR LINE NUMBER

Contributions from Individuals

.arry Graham for CongressExplorator	y Committee		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Eacl
Furman, Roy	ING Barings	day, year)	Receipt this Peri
770 Park Ave		3/29/2000	\$500.00
New York NY 10021	Occupation		
Receipt For: Primary General	Vice Chairman	i	<u>.</u>
Other (Specify):	Aggregate Year-to-Date > \$500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Peri
Gasby, Clarence AD, Mr.	B. Smith's Resturant	2/28/2000	\$500.00
733 Third Ave, Suite		2,20,200	4300.00
New York NY 10017	Occupation	-	
Receipt For:	Owner	<u> </u>	
Other (Specify):	Aggregate Year-to-Date > \$500		<u> </u>
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Peri
Georgescu, Peter	Self Employed	3/29/2000	\$500.00
435 E 52 Street		3/23/2000	\$300.00
New York NY 10022	Occupation		<u>.</u>
Receipt For: Primary General	Retired		_
Other (Specify):	Aggregate Year-to-Date > \$500		
D. Full Name, Mailing Address and ZIP Code Gerrard, Barbara S.	Name of Employer	Date (month, day, year)	Amount of Eacl
	Arnold & Porter	2/29/2000	\$1,000.00
11 Garden Ridge			1
Chappaqua NY 10514	Occupation		
Receipt For: Primary Seneral Other (Specify):	lawyer		
Full Name, Mailing Address and ZIP Code		Date (month,	Amount of Each
Gietz, Raymond, Esq.	Name of Employer Weil Gotshal	day, year)	Receipt this Peri
50 Willis Lane	Well Gotshal	3/8/2000	\$500.00
Syosset NY 11791			
Receipt For:	Occupation		
Other (Specify):	Attorney		
F. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$500	Date (month,	Amount of Each
: Full Name, Mailing Address and ZIP Code Glatthaar, Joseph	Name of Employer retired	day, year)	Receipt this Period
7 Linda Avenue	rectred	1/24/2000	\$500.00
White Plains NY 10605		_	
Receipt For: Primary General	Occupation retired		·
Other (Specify):	Aggregate Year-to-Date > \$500		
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Grafstein, Rebecca, Ms.	self	day, year)	Receipt this Perio
049 Fith Ave-11B		3/24/2000	\$1,000.00
lew York NY 10028	Occupation		
eceipt For: Primary S General	Homemaker	•	·
Other (Specify):	Aggregate Year-to-Date > \$1,00	0.00	
	71.gg.togate 1021 to 2010 2 42700	70.00	
OTAL of Receipts This Page (optional)			\$4,500.00

Y A STATE A STATE OF THE STATE

Use separate schedule(s for each category of the Detailed Surmary Page PAGE 5 OF 15

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

11 61

Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For:	ate (month,	
Receipt For:	ate (month, day, year) /18/2000	Amount of Each Receipt this Peri \$200.00
B. Full Name, Mailing Address and ZIP Code Graham, Betty J., Mrs. 133 Miles Avenue White Plains NY 10606 Receipt For.		<u>.</u>
Graham, Betty J., Mrs. 3/2	·	
Recipt For: Primary General Aggregate Year-to-Date \$500.00 C. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For: Primary General Graham, Richard E., Dr. D. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. D. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. Port Chester NY 10573 Receipt For: Primary General Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 33 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 34 Aggregate Year-to-Date Scool Occupation Retired Occupation Retired Aggregate Year-to-Date Scool Occupation Retired	ate (month, day, year) '28/2000	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For:		
Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For:	 	
Receipt For: Primary General Orthodontist Other (Specify): Aggregate Year-to-Date \$1,000.00 D. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For: Primary General Orthodontist Other (Specify): Aggregate Year-to-Date \$1,000.00 E. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Retired Other (Specify): Aggregate Year-to-Date \$600.00 F. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Retired Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Aggregate Year-to-Date \$600.00 Aggregate Year-to-Date \$600.00 Name of Employer Self Aggregate Year-to-Date Self Aggregate Year-	ate (month, day, year) '30/2000	Amount of Each Receipt this Perio
D. Full Name, Mailing Address and ZIP Code Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For: Primary General Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Other (Specify): Aggregate Year-to-Date S600.00 F. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Retired Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Graham, Richard, Mr. 134 Miles Avenue White Plains NY 10606 Receipt For: Primary General General Graham, Retired Aggregate Year-to-Date S600.00 Receipt For: Primary General Retired Aggregate Year-to-Date S600.00 Receipt For: Primary General Retired Aggregate Year-to-Date S600.00 Receipt For: Retired Aggregate Year-to-Date S600.00 Receipt For: Primary General Retired Aggregate Year-to-Date S600.00 Receipt For: Retired Aggregate Year-to-Date S600.00 Receipt For: Primary General Retired Aggregate Year-to-Date S600.00 Receipt For: Retired Aggregate Year-to-Date S600.00		
Graham, Richard E., Dr. 220 Treetop Crescent Port Chester NY 10573 Receipt For:		Amount of Foot
Receipt For:	ate (month, lay, year) 21/2000	Amount of Each Receipt this Period \$200.00
E. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Other (Specify): Aggregate Year-to-Date \$600.00 F. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Other (Specify): Aggregate Year-to-Date \$600.00 Receipt For: Primary General Other (Specify): Aggregate Year-to-Date \$600.00 G. Full Name, Mailing Address and ZIP Code Grahame, Searcy O., Mr. Date day 2/4		
Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Other (Specify): F. Full Name, Malling Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary Seneral Aggregate Year-to-Date \$600.00 Name of Employer self Occupation Retired Aggregate Year-to-Date \$600.00 Name of Employer self Occupation Retired Aggregate Year-to-Date \$600.00 Name of Employer Retired Other (Specify): Aggregate Year-to-Date \$600.00 Receipt For: Other (Specify): Aggregate Year-to-Date \$600.00 Name of Employer self		ļ
Receipt For:	ate (month, lay, year) 128/2000	Amount of Each Receipt this Perio \$475.00
F. Full Name, Mailing Address and ZIP Code Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Other (Specify): G. Full Name, Mailing Address and ZIP Code Grahame, Searcy O., Mr. Name of Employer Retired Aggregate Year-to-Date \$600.00 Name of Employer self		
Graham, Richard, Mr. 133 Miles Avenue White Plains NY 10606 Receipt For: Primary General Retired Other (Specify): Aggregate Year-to-Date \$600.00 G. Full Name, Mailing Address and ZIP Code Grahame, Searcy O., Mr. Grahame, Searcy O., Mr.]
Receipt For: Other (Specify): G. Full Name, Mailing Address and ZIP Code Grahame, Searcy O., Mr. Retired Aggregate Year-to-Date > \$600.00 Name of Employer self	ite (month, lay, year) /4/2000	Amount of Each Receipt this Perio \$125.00
G. Full Name, Mailing Address and ZIP Code Grahame, Searcy O., Mr. Name of Employer day		
Grahame, Searcy O., Mr. self		ļ
Zo Doorum Fiaco - Apt. 10A	te (month, ay, year) 28/2000	Amount of Each Receipt this Perio \$1,000.00
Brooklyn NY 11206 Receipt For:		
Other (Specify): Aggregate Year-to-Date >\$1,000.00		<u> </u>

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 6 OF 15

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Larry Graham for CongressExploratory	/ Committee		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Granger, Albert, Dr.	Self Employed	3/31/2000	\$250.00
3 Harwood Dr.		3/31/2000	\$230.00
Glen Cove NY 11542	Occupation	7	
Receipt For: Primary General	Endodontist]
Other (Specify):	Aggregate Year-to-Date > \$250.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grant, Eugene M., Mr.	Self-employed	3/4/2000	\$1,000.00
1016 Orienta Avenue		3/4/2000	\$1,000.00
Mamaroneck NY 10543	Occupation	1	
Receipt For: Primary General	Real Estate Investor		
Other (Specify):	Aggregate Year-to-Date >\$1,00		American of Fresh
C. Full Name, Mailing Address and ZIP Code Gruskin, Stuart F, Mr.	Name of Employer Fishbein Badillo	Date (month, day, year)	Amount of Each Receipt this Period
9 Dawning Lane	Wagner Hardin	2/19/2000	\$250.00
•]	,
Ossining NY 10562	Occupation	1	}
Receipt For: Primary General	Attorney	<u> </u>	·
Other (Specify):	Aggregate Year-to-Date > \$250.0		3
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hamdan, Lawrence, Mr.	Credit Suisse First	3/29/2000	\$1,000.00
164 East 72nd St - 13B	Boston	, = 2, = = =	42,000.00
New York NY 10021	Occupation]	
Receipt For: Primary General	Banker	L	
Other (Specify):	Aggregate Year-to-Date >\$1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Heitner, Kenneth, Esq.	Weil Gotshal and Manges	3/15/2000	\$250.00
Weil Gotshal and Manges 767 Fifth Avenue		2,23,233	7
New York NY 10153	Occupation		
Receipt For:	Attorney		
Other (Specify):	Aggregate Year-to-Date > \$250.0	0	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hoffman, Elliot L., Esq.	Beldock Levine and	2/25/2000	\$250.00
Beldock Levine and Hoffman 99 Park Avenue	Hoffman	2/23/2000	9230.00
New York NY 10016	Occupation	:	
Receipt For: Primary General	Attorney		
Other (Specify):	Aggregate Year-to-Date > \$250.0		·
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Huang, Susie, Ms.	Morgan Stanely & Co.	3/29/2000	\$250.00
Morgan Stanley and Co. 1585 Broadway - 36t		3/23/2000	\$250.00
New York NY 10036	Occupation		
Receipt For: Primary General	investment banker		
Other (Specify):	Aggregate Year-to-Date > \$250.0	0	
			45 050 00
TOTAL of Receipts This Page (optional)			\$3,250.00
At. This Deried (last name this line number only)			

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PAGE 7 OF 15

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

y information copied from such Reports and Statements may no mmercial purposes, other than using the name and address of a			
NAME OF COMMITTEE (in Full) Larry Graham for CongressExplorator	ry Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Hyacinthe, Llewellyn M., Dr. 23 David Drive New Rochelle NY 10804	Name of Employer Self-Employed Occupation	Date (month, day, year) 3/7/2000	Amount of Each Receipt this Period \$500.00
Receipt For:	Physician Aggregate Year-to-Date > \$500		-
B. Full Name, Mailing Address and ZIP Code Jacobs, Stephen E 767 Fifth Ave	Name of Employer Weil Gotshal Manges	Date (month, day, year) 3/25/2000	Amount of Each Receipt this Period \$1,000.00
New York NY 10153 Receipt For:	Occupation Attorney Aggregate Year-to-Date >\$1,00	00.00	
C. Full Name, Mailing Address and ZIP Code Johnson, Robert 2915 Audubon Ter., NW	Name of Employer BET	Date (month, day, year) 3/27/2000	Amount of Each Receipt this Period \$1,000.00
Washington DC 20008 Receipt For:	Occupation Executive		
D. Full Name, Mailing Address and ZIP Code Jones, Dave 4365 58th Street	Aggregate Year-to-Date > \$1,00 Name of Employer City of Sacramento	Date (month, day, year) 2/28/2000	Amount of Each Receipt this Period \$250.00
Sacramento CA 95820 Receipt For:	Occupation Councilmember	,	
Other (Specify): E. Full Name, Mailing Address and ZIP Code Jones, David R. 432 Twin Oak Road	Aggregate Year-to-Date > \$250. Name of Employer Blaylock Partners, LP	Date (month, day, year) 3/13/2000	Amount of Each Receipt this Period \$1,000.00
South Orange NJ 07079 Receipt For:	Occupation Manager Aggregate Year-to-Date > \$2,00		· .
F. Full Name, Malling Address and ZIP Code Jones, David R. 432 Twin Oak Road	Name of Employer Blaylock Partners, LP	Date (month, day, year) 3/14/2000	Amount of Each Receipt this Period \$1,000.00
South Orange NJ 07079 Receipt For: Primary General Other (Specify):	Occupation Manager Aggregate Year-to-Date > \$2,000	00.00	
G. Full Name, Mailing Address and ZIP Code Jones, Jetta, Mrs. 4907 S. Kimbark	Name of Employer Self-Employed	Date (month, day, year) 3/28/2000	Amount of Each Receipt this Period \$500.00
Chicago IL 60615 Receipt For: ☑ Primary ☐ General ☐ Other (Specify):	Occupation Attorney Aggregate Year-to-Date > \$500.	00	
BTOTAL of Receipts This Page (optional)			\$5,250.00
TAL This Period (last page this line number only)			

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FOR LINE NUMBER

Contributions from Individuals

11(a)(i) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for

Larry Graham for CongressExploratory	Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Kahn, Stephen, Esq. Weil Gotshal and Manges, LLP 767 Fifth Aven	Name of Employer Weil Gotshal	Date (month, day, year) 2/25/2000	Amount of Each Receipt this Perio \$250.00
New York NY 10153 Receipt For:	Occupation Attorney Aggregate Year-to-Date > \$250.0		-
B. Full Name, Mailing Address and ZiP Code Kenny Lack, Elizabeth 120 Hampshire Rd Bronxville NY 10708 Receipt For:	Name of Employer Self-Employed Occupation Consultant	Date (month, day, year) 2/18/2000	Amount of Each Receipt this Perio \$500.00
Other (Specify):	Aggregate Year-to-Date > \$500.0	00	•
C. Full Name, Mailing Address and ZIP Code Kirsch, Abigail 18 Robin Hood Road Pound Ridge NY 10576	Name of Employer Abigail Kirsch Culinary	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Perio \$500.00
Receipt For:	Occupation Caterer Aggregate Year-to-Date > \$500.0	00	
D. Full Name, Mailing Address and ZIP Code Klagsbrun, Edward 78 Haights Cross Rd Chappaqua NY 10514	Name of Employer Deutsch Klagsbrun Blasband Occupation	Date (month, day, year) 3/31/2000	Amount of Each Receipt this Perio \$250.00
Receipt For:	Attorney Aggregate Year-to-Date > \$250.0	10	
E. Full Name, Mailing Address and ZIP Code Klein, Jeff, Esq. 767 Fifth Ave	Name of Employer Weil Gotshal and Manges	Date (month, day, year)	Amount of Each Receipt this Perio \$500.00
New York NY 10153 Receipt For:	Occupation Attorney		
F. Full Name, Mailing Address and ZIP Code Kline, Roger C., Mr. 146 Central Park West-6G New York NY 10023	Aggregate Year-to-Date > \$500.0 Name of Employer McKinsey & Co.	Date (month, day, year)	Amount of Each Receipt this Period \$500.00
Receipt For:	Occupation Consultant Aggregate Year-to-Date > \$500.0		
G. Full Name, Mailing Address and ZIP Code Landis, Donald, Mr. 14 Colonial Rd.	Name of Employer Landis Brothers Corp.	Date (month, day, year) 1/21/2000	Amount of Each Receipt this Perio \$250.00
White Plains NY 10605 Receipt For: Primary General	Occupation Executive		
Other (Specify):	Aggregate Year-to-Date > \$250.0	0	

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FOR LINE NUMBER

Contributions from individuals

Laster, Richard, Mr. Self-Employed 3/24/2000 Receipt this F 3/24/2000 Spool of Chappaqua NY 10514 Coccupation Consultant Aggregate Year-to-Date Spool of Chappaqua NY 10506 Receipt For: Consultant Aggregate Year-to-Date Spool of Chappaqua NY 10506 Receipt For: Coccupation Receipt For: Consultant Aggregate Year-to-Date Spool of Chappaqua NY 10506 Receipt For: Coccupation Receipt For: Coccupation Receipt For: Receipt For: Receipt For: Receipt For: Receipt For: Coccupation Receipt For: Coccupation Receipt For: Receipt For	arry Graham for CongressExplor	ratory Committee	•	C00348052
Cocupation Chappaqua NY 10514 Receipt For: Other (Specify): Other	Laster, Richard, Mr.		day, year)	Amount of Eac Receipt this Pe
Receipt For. Primary General Aggregate Year-to-Date S 500.00 B. Full Name, Malling Address and ZIP Code Lerner, Debra 2 Meadowlark Lane Bedford NY 10506 Receipt For. Primary General Seceipt For. Primary General Coupation Coupation Receipt For. Primary General Seceipt For. Primary General	23 Round Hill Road		3/24/2000	\$500.00
Cther (Specify): Aggregate Year-to-Date \$500.00				1
B. Full Name, Mailing Address and ZIP Code Name of Employer Credit Clearing House Credit May, year) 3/24/2000 Spot of Cocupation Spot of Executive Spot of Cocupation Spot of Executive Sp	· · · —			4
Credit Clearing House Soo. 0 Receipt his F Soo. 0				A
2 Meadowlark Lane Bedford NY 10506 Receipt For:	•	· · · · · · · · · · · · · · · · · · ·		Receipt this Pe
Bedford NY 10506 Receipt For. Primary General Executive Stool of Coupation Executive Stool of Coupation Executive Stool of Coupation Stool of Stool of Stool of Coupation Stool of S	•	credit Clearing house	3/24/2000	\$500.00
Receipt For: Primary General Aggregate Year-to-Date \$500.00 C. Full Name, Mailing Address and ZIP Code Levy, Barbara 1176 Hardscrabble Road Chappaqua NY 10514 Receipt For: Primary General Octuer (Specify): Aggregate Year-to-Date \$500.00 D. Full Name, Mailing Address and ZIP Code Lewis, William, Mr. 211 Central Park West New York NY 10024 Receipt For: Primary General Chert (Specify): Aggregate Year-to-Date \$2,000.00 E. Full Name, Mailing Address and ZIP Code Lewis, William, Mr. 211 Central Park West New York NY 10024 Receipt For: Primary General Chert (Specify): Aggregate Year-to-Date \$2,000.00 S. Full Name, Mailing Address and ZIP Code Lewis, William, Mr. 211 Central Park West New York NY 10024 Receipt For: Primary General Chert (Specify): Aggregate Year-to-Date \$2,000.00 Name of Employer Morgan Stanley Date (month, day, year) 2/24/2000 Aggregate Year-to-Date \$2,000.00 Name of Employer Blaylock Partners LP 3/14/2000 Aggregate Year-to-Date \$2,000.00 Name of Employer Blaylock Partners LP S. Full Name, Mailing Address and ZIP Code Lister, Carol P. 22 West 76th St., 4 New York NY 10023 Receipt For: Primary General Chert Specify): Aggregate Year-to-Date \$2,000.00 Name of Employer Blaylock Partners LP S. Full Name, Mailing Address and ZIP Code Lister, Carol P. 22 West 76th St., 4 Name of Employer Blaylock Partners LP S. Full Name, Mailing Address and ZIP Code Lister, Carol P. S. Full Name, Mailing Address and ZIP Code Lister, Carol P. S. Full Name, Mailing Address and ZIP Code Lister, Carol P. S. Full Name, Mailing Address and ZIP Code Lister, Carol P. S. Full Name, Mailing Address and ZIP Code Lister, Carol P. S. Full Name, Mailing Address and ZIP Code Lister, Carol P. S. Full Name, Mailing Address and ZIP Code Lister, Carol P. S. Full Name, Mailing Address and ZIP Code Lister, Carol P. S. Full Name, Mailing Address And ZIP Code Lister, Carol P. S. Full Name, Mailing Address And ZIP Code Lister, Carol P. S. Full Name, Mailing Address And ZIP Code Lister, Carol P. S. Full Name,				
Other (Specify):				
Name of Employer Self Employed Self Empl			0 00	1
Self Employed Self year Self Employed Self year Self Employed Self year Self				Amount of Eac
Chappaqua NY 10514	-			Receipt this Pe
Receipt For:			3/7/2000	\$500.00
Receipt For:	Chappagua NY 10514	Occupation		1
D. Full Name, Mailing Address and ZIP Code Lewis, William, Mr. 211 Central Park West New York NY 10024 Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Lewis, William, Mr. 2724/2000 Occupation Investment Banker Aggregate Year-to-Date \$2,000.00 Name of Employer Morgan Stanley Occupation Investment Banker Aggregate Year-to-Date \$2,000.00 Name of Employer Morgan Stanley Occupation Investment Banker 2724/2000 Amount of Employer Morgan Stanley Occupation Investment Banker Occupation Investment Banker Aggregate Year-to-Date \$2,000.00 Name of Employer Aggregate Year-to-Date \$2,000.00 Name of Employer Blaylock Partners LP Occupation Manager Occupation Manager Occupation Manager Date (month, day, year) S1,000.00 Amount of Employer Blaylock Partners LP S1,000.00 Amount of Employer Blaylock Partners LP Occupation Manager Date (month, day, year) S1,000.00 Amount of Employer Blaylock Partners LP S1,000.00 Amount of Employer Blaylock Partners LP Occupation Manager Date (month, day, year) S1,000.00 Amount of Employer Blaylock Partners LP Occupation Manager Occupation Manager Occupation Manager Occupation Manager			·	1
Name of Employer Date (month, day, year) Stanley	Other (Specify):	Aggregate Year-to-Date > \$500	0.00	1
2/24/2000 \$1,000.	D. Full Name, Mailing Address and ZIP Code		Date (month,	Amount of Ea
New York NY 10024 Receipt For: Other (Specify): E. Full Name, Malling Address and ZIP Code Lewis, William, Mr. 211 Central Park West New York NY 10024 Receipt For: Occupation Investment Banker Aggregate Year-to-Date > \$2,000.00 Name of Employer Morgan Stanley Occupation Investment Banker 2/24/2000 Occupation Investment Banker Aggregate Year-to-Date > \$2,000.00 Name of Employer Aggregate Year-to-Date > \$2,000.00 Name of Employer Blaylock Partners LP Occupation Manager Amount of Employer Blaylock Partners LP Occupation Manager Aggregate Year-to-Date > \$2,000.00 Name of Employer Blaylock Partners LP Occupation Manager Aggregate Year-to-Date > \$2,000.00 Name of Employer Blaylock Partners LP Occupation Manager Aggregate Year-to-Date > \$2,000.00 Name of Employer Blaylock Partners LP Occupation Manager	Lewis, William, Mr.	Morgan Stanley	.	Receipt this Pe
Receipt For: Primary General Investment Banker Other (Specify): Aggregate Year-to-Date \$2,000.00 Name of Employer Morgan Stanley \$2/24/2000 \$1,000.00 Stanley \$2/2000 \$1,000.00	211 Central Park West		2/24/2000	\$1,000.0
Receipt For:	New York NY 10024	Occupation	-	
Name of Employer Morgan Stanley Date (month, day, year) Amount of Except this Park West Date (month, day, year) Primary General Date (month, day, year) Stanley Stanle	Receipt For: Primary 🛛 Gen			<u> </u>
Lewis, William, Mr. 211 Central Park West New York NY 10024 Receipt For: Carol P. 22 West 76th St., 4 New York NY 10023 Receipt For: Cher (Specify): Cocupation Name of Employer Blaylock Partners LP Cocupation Manager Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date St., 000.00 Amount of Engloyer Blaylock Partners LP Cocupation Manager Aggregate Year-to-Date St., 000.00 Amount of Engloyer Blaylock Partners LP Cocupation Manager Aggregate Year-to-Date St., 000.00 Date (month, day, year) St., 000.00 Amount of Engloyer Blaylock Partners LP Cocupation Manager	Other (Specify):	Aggregate Year-to-Date > \$2,0	00.00]
2/24/2000 \$1,000.	E. Full Name, Mailing Address and ZIP Code	Name of Employer		Amount of Eac
New York NY 10024 Receipt For: Other (Specify): Full Name, Mailing Address and ZIP Code Lister, Carol P. 22 West 76th St., 4 New York NY 10023 Receipt For: Occupation Investment Banker Aggregate Year-to-Date \$2,000.00 Name of Employer Blaylock Partners LP Occupation Manager Aggregate Year-to-Date \$2,000.00 Occupation Manager Aggregate Year-to-Date \$2,000.00 Name of Employer Blaylock Partners LP Occupation Manager Aggregate Year-to-Date \$2,000.00 Name of Employer Blaylock Partners LP Occupation Manager Date (month, day, year) 3/14/2000 Receipt this Post of the St., 4 New York NY 10023 Occupation Manager Occupation Manager Occupation Manager	Lewis, William, Mr.	Morgan Stanley	•	ŀ
Receipt For:	211 Central Park West		2/24/2000	\$1,000.0
Comparison Com	New York NY 10024	Occupation	-	
Name of Employer Date (month, day, year) State (month, day, year) Amount of Each of Employer State (month, day, year)	Receipt For: 🔲 Primary 🔲 Gen			
Blaylock Partners LP Carol P.	Other (Specify):	Aggregate Year-to-Date > \$2,0	00.00	ŕ
Staylock Partners LP 3/14/2000 \$1,000.00	•	Name of Employer		Amount of Eac
New York NY 10023 Cocupation Manager	•	Blaylock Partners LP	1	·
Receipt For:	22 West 76th St., 4	τ.	3/14/2000	\$1,000.0
Other (Specify): Aggregate Year-to-Date > \$2,000.00 Name of Employer Blaylock Partners LP Date (month, day, year) 3/14/2000 \$1,000.00 Cocupation Manager	New York NY 10023	Occupation	7	·
Amount of Earling Address and ZIP Code Lister, Carol P. Blaylock Partners LP Blaylock Partners LP 3/14/2000 \$1,000.6 Cocupation Manager	· <u> </u>			
Lister, Carol P. 2 West 76th St., 4 New York NY 10023 Receipt this Position Manager Blaylock Partners LP 3/14/2000 \$1,000.6	والمستراك والمتراث والمستراك والمستران والمستران والمستران والمستران والمستران والمستران والمستران والمستران والمستران			
22 West 76th St., 4 New York NY 10023 Receipt For: Primary Seneral Staylock Partners Ep 3/14/2000 \$1,000.0	_	· • • • • • • • • • • • • • • • • • • •		Amount of Eac
New York NY 10023 Occupation Receipt For: Primary General Manager	•	Blaylock Partners LP		-
Receipt For: Primary General Manager	•		3/14/2000	\$1,000.00
			7	
Other (Specify): Aggregate Year-to-Date > \$2,000.00	· =			
	Utner (Specity):	Aggregate Year-to-Date > \$2,0	00.00	
	OTAL of Receipts This Page (optional)		······	\$5,500.0

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for

Larry Graham for CongressExploratory	<u></u>	T =	C00348052
A. Full Name, Mailing Address and ZIP Code Loeb, Margaret One 5th Ave	Name of Employer McKinsey Co	Date (month, day, year) 3/17/2000	Amount of Ea Receipt this P
New York NY 10003 Receipt For:	Occupation Director Client Communi		
Other (Specify):	Aggregate Year-to-Date > \$250.0	00	
B. Full Name, Mailing Address and ZIP Code Meyers, Robert 640 West End Ave	Name of Employer CNBC . com	Date (month, day, year) 3/31/2000	Amount of Ea Receipt this P \$250.0
New York NY 10024 Receipt For: ☑ Primary ☐ General	Occupation CHief Operating Off		
Other (Specify):	Aggregate Year-to-Date > \$250.0	00	
C. Full Name, Mailing Address and ZIP Code Michelson, Gertrude 70 East 10th Street New York NY 10003	Name of Employer Self Empolyed	Date (month, day, year) 3/28/2000	Amount of Eacl Receipt this Peri \$500.00
Receipt For: Primary General	Occupation Retired		1
Other (Specify):	Aggregate Year-to-Date > \$500.0	00	1
D. Full Name, Mailing Address and ZIP Code Nissan, Michael, Esq. 876 Park Avenue	Name of Employer Weil Gotshal Manges	Date (month, day, year) 2/25/2000	Amount of Eacl Receipt this Peri \$500.00
New York NY 10021 Receipt For:	Occupation Attorney Aggregate Year-to-Date > \$500.0		
E. Full Name, Mailing Address and ZIP Code Nyquist, Jan, Mrs. 81 Lincoln Road	Name of Employer self	Date (month, day, year)	Amount of Ea Receipt this Pe \$500.00
Lincoln MA 01773 Receipt For: ☐ Primary ☐ General	Occupation homemaker		
Other (Specify):	Aggregate Year-to-Date > \$500.0		
F. Full Name, Mailing Address and ZIP Code Oneal, Clara 700 Columbus Ave	Name of Employer New York Presby Hospital	Date (month, day, year) 3/31/2000	Amount of Eac Receipt this Per \$250.00
New York NY 10025 Receipt For: ☐ Primary ☐ General	Occupation Registered Nurse		
Other (Specify):	Aggregate Year-to-Date > \$250.0		
G. Full Name, Mailing Address and ZIP Code Pels, Laura 435 East 52nd Street Apt 3A	Name of Employer Laura Pels Productions	Date (month, day, year) 3/22/2000	Amount of Ea Receipt this Pe \$1,000.0
New York NY 10022 Receipt For: ☐ Primary ☐ General	Occupation Executive	· · · · · · · · · · · · · · · · · · ·	

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PAGE 11 OF 15

FOR LINE NUMBER

Contributions from Individuals

11(a)(i)

39 Old Snake Hill Rd Pound Ridge NY 10576 Receipt For: Primary General Other (Specify): Aggregate Year-to-Date \$1,000.00 B. Full Name, Mailing Address and ZIP Code Name of Employer Date (month, Amount of Each	Any information copied from such Reports and Statements may not commercial purposes, other than using the name and address of an	be sold or used by any person for the pur y political committee to solicit contribution	pose of soliciting commissions from such comm	ontributions or for ittee.
A Full Name, Mailing Address and ZIP Code Price, Peter 39 Old Snake Hill Rd Pound Ridge NY 10576 Receipt For: Primary General B. Full Name, Mailing Address and ZIP Code Richardson, W. Franklyn, Dr. 16 High Point Avenue Scarsdale NY 10583 Receipt For: Primary General Government G		/ Committee		C00348052
Other (Specify): Aggregate Year-to-Date \$1,000.00	A. Full Name, Mailing Address and ZIP Code Price, Peter 39 Old Snake Hill Rd	Name of Employer Television USA	day, year)	Amount of Each Receipt this Period
Richardson, W. Franklyn, Dr. 16 High Point Avenue Scaradale NY 10583 Receipt For: C. Full Name, Mailing Address and ZIP Code White Plains NY 10603 Receipt For: Primary General Revezend Aggregate Year-to-Date \$250.00 Name of Employer Self Employed Aggregate Year-to-Date \$500.00 Name of Employer Self Employed Aggregate Year-to-Date \$500.00 Date (month, day, year) 3/24/2000 \$500.00 Amount of Each Receipt this Period \$500.00 Dete (month, day, year) Aggregate Year-to-Date \$500.00 Date (month, day, year) Aggregate Year-to-Date \$500.00 Date (month, day, year) Aggregate Year-to-Date \$500.00 Date (month, day, year) Aggregate Year-to-Date \$250.00 Receipt For: Cher (Specify): E. Full Name, Mailing Address and ZIP Code Rubin, Lois, Esq. 923 Fifth Ave New York NY 10021 Receipt For: Cher (Specify): Primary General Cocupation Attorney Aggregate Year-to-Date \$250.00 Name of Employer Aggregate Year-to-Date \$250.00 Attorney Aggregate Year-to-Date \$250.00 Amount of Each Receipt this Period \$250.00 Cocupation Cocup	Other (Specify):	Aggregate Year-to-Date > \$1,00		
Receipt For: Primary General Aggregate Year-to-Date \$250.00	Richardson, W. Franklyn, Dr. 16 High Point Avenue	Grace Baptist Church	day, year)	Receipt this Period
C. Full Name, Mailing Address and ZIP Code Rioseco, Robert, Dr. 15 Stewart Place White Plains NY 10603 Receipt For: Cher (Specify): D. Full Name, Mailing Address and ZIP Code Roosevelt, Christopher, Esq. 14 Middle Patent Road Armonk NY 10504 Receipt For: Cher (Specify): F. Full Name, Mailing Address and ZIP Code Rubin, Lois, Esq. 223 Fifth Ave New York NY 10021 Receipt For: Cher (Specify): Receipt For: Cher (Specify): Receipt For: Cher (Specify): Receipt For: Cher (Specify): Receipt For: Cher (Specify): Cher	Receipt For: Primary General	Reverend	00	
Receipt For:	C. Full Name, Mailing Address and ZIP Code Rioseco, Robert, Dr. 15 Stewart Place	Name of Employer Self Employed	Date (month, day, year)	Receipt this Period
Roosevelt, Christopher, Esq. 14 Middle Patent Road Armonk NY 10504 Receipt For:	Receipt For: Primary General	Dentist	00	
Receipt For:	Roosevelt, Christopher, Esq. 14 Middle Patent Road	· ·	day, year)	Receipt this Period
E. Full Name, Mailing Address and ZIP Code Rubin, Lois, Esq. 923 Fifth Ave New York NY 10021 Receipt For:	Receipt For:	Attorney (Partner)	00	
Receipt For:	Rubin, Lois, Esq. 923 Fifth Ave	Name of Employer	Date (month, day, year)	Receipt this Period
F. Full Name, Mailing Address and ZIP Code Saltzman, Carol 66 Ludiow Dr Carmel NY 10512 Receipt For: Other (Specify): G. Full Name, Mailing Address and ZIP Code Scanlon, Edward 41 Hall Road Chatham NJ 07928 Receipt For: Other (Specify): Aggregate Year-to-Date Chatham NJ 07928 Receipt For: Aggregate Year-to-Date Chatham NJ 07928 Receipt For: Aggregate Year-to-Date Chatham NJ 07928 Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date Standon Occupation Executive Vice Presiden Aggregate Year-to-Date Standon Occupation Aggregate Year-to-Date	Receipt For: Primary General	Attorney		
Receipt For:	F. Full Name, Mailing Address and ZIP Code Saltzman, Carol 66 Ludlow Dr	Name of Employer	Date (month, day, year)	Receipt this Period
G. Full Name, Mailing Address and ZIP Code Scanlon, Edward 41 Hall Road Chatham NJ 07928 Receipt For:	Receipt For:	Volunteer Director	10	
Receipt For:	G. Full Name, Mailing Address and ZIP Code Scanion, Edward 41 Hall Road	Name of Employer	Date (month, day, year)	Receipt this Period
SUBTOTAL of Receipts This Page (optional)	Receipt For:	Executive Vice Presiden	.00	
₹ 1	SUBTOTAL of Receipts This Page (optional)			\$3,500.00

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

arry Graham for CongressExploratory C			C00348052
	Name of Employer State of Conn	Date (month, day, year)	Amount of Each Receipt this Period
17 Owenoke Pk	cate of com	3/31/2000	\$500.00
Westport CT 06880	Occupation	_	}
	Gov Employee		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
i10 Burnside Ave.		3/24/2000	\$500.00
nwood NY 11096	Occupation		
· · _	lomemaker		
	ggregate Year-to-Date >> \$500.	00	
	lame of Employer	Date (month,	Amount of Each Receipt this Period
•	estchester County	day, year) 3/20/2000	\$250.00
3 Garden Ridge Road		3/20/2000	\$250.00
	Occupation		
	ov Attorney		
	aggregate Year-to-Date > \$250.	Date (month,	Amount of Each
	llen & Company	day, year)	Receipt this Period
E 78th Street		3/22/2000	\$1,000.00
ew York NY 10021	Occupation	-	
	nvestment Banker		
Other (Specify):	ggregate Year-to-Date > \$1,00	0.00	
	ame of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	laylock &Partners LP	3/14/2000	\$1,000.00
laylock Partners,LP		3,14,2000	41,000.00
	ccupation]	
	ystems Manager	<u> </u>	
	ggregate Year-to-Date > \$1,00	Date (month,	Amount of Each
	ame of Employer itigroup	day, year)	Receipt this Period
05 Wood Road		3/31/2000	\$500.00
lount Kisco NY 10549	ccupation	-	
	anker		
Other (Specify):	ggregate Year-to-Date > \$500.	00	
	ame of Employer	Date (month,	Amount of Each
	cKinsey Co.	day, year) 3/28/2000	\$500.00
SE 52nd Street		3/28/2000	\$500.00
	ccupation		
	onsultant		
Coner (Specify).	ggregate Year-to-Date > \$500.0	00	
ITAL of Receipts This Page (optional)			\$4,250.00
			7-,200.00

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FOR LINE NUMBER

Contributions from Individuals

arry Graham for CongressExplorator	y Committee		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Perio
Smith, Duane	Dutchess County	3/31/2000	\$800.00
30 Underhill Rd.			\$555.55
Poughquag NY 12570 Receipt For: ☐ Primary ☐ General	Occupation Legislator] .	
Other (Specify):	Aggregate Year-to-Date >\$1,00	00.00	-
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Smith, Duane	Dutchess County	day, year)	Receipt this Perio
30 Underhill Rd.		3/31/2000	\$200.00
Poughquag NY 12570	Occupation	┪.	
Receipt For: Primary 🔀 General	Legislator		
Other (Specify):	Aggregate Year-to-Date > \$1,00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Perio
Snyder, Todd R., Mr.	Peter J. Solomon & Co.	3/28/2000	\$500.00
562 West End Ave7A		3/28/2000	\$300.00
New York NY 10024	Occupation	<u> </u>	
Receipt For:	Finance		-
D. Full Name, Mailing Address and ZIP Code	Aggregate Year-to-Date > \$500.	Date (month,	Amount of Each
Thomas, Vincent	Name of Employer Hamline University	day, year)	Receipt this Perio
4822 Colfax Ave. S	Hamiline University	3/31/2000	\$250.00
Minneapolis MN 55409			
Receipt For: Primary General	Occupation Assistant Dean	1	ł
Other (Specify):	Aggregate Year-to-Date > \$250.	00	1
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Thompson, Mark, Esq.	Simpson	day, year)	Receipt this Perio
13 Whipporwill Rd	Thacher&Bartlett	2/24/2000	\$250.00
Armonk NY 10504	Occupation	-	
Receipt For:	Attorney	·	
Other (Specify):	Aggregate Year-to-Date > \$250.	00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
lyler, Lauren, Ms.	TSG Capital Group	day, year)	Receipt this Perio
914 Rockrimmon Road	<u>.</u>	3/31/2000	\$500.00
Stamford CT 06903	Occupation	1	
Receipt For:	investment banker		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
i. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Veissman, Paul, Mr.	Self Employed	3/24/2000	\$250.00
Oxford Road]	7
Vhite Plains NY 10605	Occupation		
eceipt For:	Retired		
Cuter (opecity).	Aggregate Year-to-Date > \$250.0	JU	
			\$2,750.00

ise separate schedule(s) reach category of the lighted Summery Page PAGE 14 OF 15

FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

arry Graham for CongressExplorator	y Committee	·	C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Eac
Wiley, Benaree, Mrs.	The Partnership, Inc	day, year) 3/25/2000	Receipt this Per
703 Boylston Street		3/25/2000	\$500.00
Brookline MA 02146	Occupation	1	
Receipt For: Primary General	Non-Profit Business Exe		
Other (Specify):	Aggregate Year-to-Date > \$500.	00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Wiley, Fletcher, Mr.	PRWT Services, WC	day, year) 3/25/2000	Receipt this Peri
703 Boylston Street		3/23/2000	\$500.00
Brookline MA 02146	Occupation	1	-
Receipt For:	Exective]
Other (Specify):	Aggregate Year-to-Date > \$500.	00	<u></u>
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Williams, Vanessa, Ms.	Self	day, year) 3/24/2000	Receipt this Peri
50 Old Farm Road North		3/24/2000	\$500.00
Chappaqua NY 10514	Occupation		
Receipt For: Primary General	Singer/Actress		
Other (Specify):	Aggregate Year-to-Date > \$500.0	00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Wolf, Michael	Booz Allen	day, year)	Receipt this Peri
1010 Fifth Ave Apt 11D		3/31/2000	\$500.00
New York NY 10028	Occupation		
Receipt For:	Management Consultant		
Other (Specify):	Aggregate Year-to-Date > \$500.0	0	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Noodard, Debra, Mrs.	Self Employed	day, year)	Receipt this Peri
24 Clearview Lane	İ	3/25/2000	\$500.00
New Canaan CT 06840	Occupation		
Receipt For: Primary General	Homemaker		
Other (Specify):	Aggregate Year-to-Date > \$500.0	0	
. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Noolridge, Craig	Blaylock Partner LP	day, year)	Receipt this Perio
95 West End Rd.	·	3/14/2000	\$1,000.00
South Orange NJ 07079	Occupation		
teceipt For: Primary 🔀 General	Manager		
Other (Specify):	Aggregate Year-to-Date > \$2,000	.00	
i. Full Name, Malling Address and ZIP Code	Name of Employer	Date (month,	Amount of Each
Voolridge, Craig	Blaylock Partner LP	day, year)	Receipt this Perio
95 West End Rd.		3/14/2000	\$1,000.00
South Orange NJ 07079	Occupation		
eceipt For: Primary General	Manager		
Other (Specify):	Aggregate Year-to-Date > \$2,000	.00	
			·

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

ITEMIZE

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arry Graham for CongressExplorator	y Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Zeitner, David, Esq.	Name of Employer Weil Gotshal	Date (month, day, year)	Amount of Each Receipt this Period
127 W. 79th Street Apt. 17B		3/31/2000	\$250.00
New York NY 10024	Occupation Attorney		
Other (Specify):	Aggregate Year-to-Date > \$	250.00]
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >		-
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date		1
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date		1 .
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >	·	
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		·
Other (Specify):	Aggregate Year-to-Date >		

SCHEDULE A

ITEMIZES ECEIPTS

ise separate schedule(s) or each category of the Detailed Summary Page PAGE 1 OF 1

Other Receipts

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DULE A HEMIZED-RECEIPTS

FOR LINE NUMBER 15

arry Graham for CongressExploratory	Committee		C00348052
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Perio
Banta Properties, Pizzeria Uno		3/20/2000	\$100.00
Main Street	1	3/20/2000	Refund from
Poughkeepsie NY 12603	Occupation		overpayment
Receipt For: Primary General			of bill
Other (Specify):	Aggregate Year-to-Date > \$	100.00	OTHER
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >	······································	1
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: Primary General Other (Specify):	Aggregate Year-to-Date		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >	· · · · · · · · · · · · · · · · · · ·	
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >		
Full Name, Mailing Address and ZIP Code	Name of Employe	Date (month, day, year)	Amount of Each Receipt this Period
eceipt For: Primary General	Occupation		
Other (Specify):	Aggregate Year-to-Date >		

TELL SINGLE

SCHEDULE B

Operating Expenditures

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summers Page

PAGE

1 OF 2

FOR LINE NUMBER

Larry Graham for CongressExplora	tory Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Burns Associates 64 Montross Street	Purpose of Disbursement Campaign Consultant	Date (month, day, year)	Amount of Each Disbursment this Period \$475.00
White Plains NY 10603	Disbursement For: Primary General Other (Specify):	2,23,2000	7=73.00
B. Full Name, Mailing Address and ZIP Code Global Strategy Group	Purpose of Disbursement Polling Costs Polling	Date (month, day, year)	Amount of Each Disbursment this Period
611 Broadway, Suite 206 New York NY 10012	Costs Disbursement For: Primary General Other (Specify):	2/10/2000	\$1,000.00
C. Full Name, Mailing Address and ZIP Code JSR Consulting	Purpose of Disbursement Campaign Consultant	Date (month, day, year)	Amount of Each Disbursment this Period
PO Box 101 Port Jervis NY 12771	Campaign Consultant Disbursement For: Primary General Other (Specify):	1/14/2000	\$5,000.00
D. Full Name, Mailing Address and ZIP Code JT Graphics, Inc.	Purpose of Disbursement Fundraising	Date (month, day, year)	Amount of Each Disbursment this Period
852 Commerce Street Thornwood NY 10594	Disbursement For: Primary General Other (Specify):	1/26/2000	\$1,110.47
E. Full Name, Mailing Address and ZIP Code Kamlet, Carolyn	Purpose of Disbursement. Campaign Consultant	Date (month, day, year)	Amount of Each Disbursment this Period
413 Pelham Manor Road Pelham NY 10803	Disbursement For: Primary General Other (Specify):	2/29/2000	\$375.00
F. Full Name, Mailing Address and ZIP Code KathleensTea Room	Purpose of Disbursement Other (Enter	Date (month, day, year)	Amount of Each Disbursment this Period
Unknown Peekskill NY 10566	Description) Other Disbursement For: Primary General Other (Specify):	2/27/2000	\$225.00
G. Full Name, Mailing Address and ZIP Code KathleensTea Room	Purpose of Disbursement Other (Enter	Date (month, day, year)	Amount of Each Disbursment this Period
Unknown Peekskill NY 10566	Description) Political Disbursement For: Primary General Other (Specify):	2/10/2000	\$100.00
H. Full Name, Mailing Address and ZIP Code Lapook, Judy	Purpose of Disbursement Campaign Consultant	Date (month, day, year)	Amount of Each Disbursment this Period
114 Blush Hollow Lane Port Chester NY 10573	Campaign Consultant Disbursement For: Primary General Other (Specify):	1/17/2000	\$500.00
I. Full Name, Mailing Address and ZIP Code Manhattenville College	Purpose of Disbursement Other (Enter	Date (month, day, year)	Amount of Each Disbursment this Period
2900 Purchase St Purchase NY 10577	Description) Other Disbursement For: Primary General Other (Specify):	2/22/2000	\$50.00
			40.035.45
SUBTOTAL of Disbursements This Page (optional)			\$8,835.47

SCHEDULE B

SIGN SON AP TO

ITEMIZED DISBURSEMENTS

•
Use separate schedule(s)
for each category of the
Detailed Summery Page

PAGE 2 OF 3

FOR LINE NUMBER 17

Operating Expenditures

	atory Committee		C00348052
A. Full Name, Mailing Address and ZIP Code Pizzeria Uno 842 Main Street Poughkeepsie NY 12603	Purpose of Disbursement Other (Enter Description) Other Disbursement For: Primary General Other (Specify):	Date (month, day, year)	Amount of Each Disbursment this Perio
3. Full Name, Mailing Address and ZIP Code Pizzeria Uno	Purpose of Disbursement Other (Enter	Date (month, day, year)	Amount of Each Disbursment this Period
842 Main Street Poughkeepsie NY 12603	Description) Other Disbursement For: Primary General Other (Specify):	2/20/2000	\$387.07
C. Full Name, Mailing Address and ZIP Code Postmaster Chappaqua	Purpose of Disbursement Fundraising Fundraising	Date (month, day, year)	Amount of Each Disbursment this Perio
Street Required Chappaqua NY 10514	Disbursement For: Primary General Other (Specify):	2/5/2000	\$264.00
Postmaster Chappaqua	Purpose of Disbursement Fundraising Fundraising	Date (month, day, year)	Amount of Each Disbursment this Perio
Street Required Chappaqua NY 10514	Disbursement For: Primary General Other (Specify):	1/14/2000	\$330.00
. Full Name, Mailing Address and ZIP Code Rodriguez, Hector	Purpose of Disbursement Campaign Workers'	Date (month, day, year)	Amount of Each Disbursment this Period
9 Delilah Lane Valikili NY 12589	Salaries Disbursement For: Primary General Other (Specify):	3/29/2000	\$571.92
Full Name, Mailing Address and ZIP Code Skadden Arps Slate Meaghe Flom	Purpose of Disbursement Professional Services	Date (month, day, year)	Amount of Each Disbursment this Period
19 Third Ave lew York NY 10022	Professional Services Disbursement For: Primary General Other (Specify):	1/26/2000	\$963.00
. Full Name, Mailing Address and ZIP Code Vestchester Democratic Comm	Purpose of Disbursement Political	Date (month, day, year)	Amount of Each Disbursment this Period
70 E Post Rd Vhite Plains NY 10601	Contributions Disbursement For: Primary General Other (Specify):	2/20/2000	\$275.00
. Full Name, Mailing Address and ZIP Code Vopat, Christine	Purpose of Disbursement Campaign Consultant	Date (month, day, year)	Amount of Each Disbursment this Period
3 Beach Court armel NY 10512	Campaign Consultant Disbursement For: Primary General Other (Specify):	2/7/2000	\$600.00
Full Name, Mailing Address and ZIP Code Bell Atlantic Telephone	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursment this Period
Box 1100	Disbursement For: Primary General	3/30/2000	\$260.40

SCHEDULE B Operating Expenditures

ITEMIZED DISBURSEMENTS

Use separate schedule(s))
for each category of the	
Detailed Summary Page	

PAGE 3	OF
FOR LINE	NUMBER

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\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ME OF COMMITTEE (In Full) Larry Graham for Congress Explorat	().lh.a		
	Larry Granam for Congress Paplinan	and Computate		C00348052
	A. Full Name, Mailing Address and ZIP Code Staples Boston Post Konl	Purpose of Disbursement Office Supplies	Date (month, day, year)	Amount of Each Disbursement This Period
	Boston Post Road Post Charter, NY 10573	Disbursement for: Primary General Other (specify)	3/1/2000	\$358.50
	<u></u>	 - - - - - - - - - -		
7	B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	·	Disbursement for: Primary General Other (specify)		
1	C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for: Primary General Other (specify)		
	D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for: Primary General Other (specify)		·
i				
	E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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	F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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	G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for: Primary General Other (specify)		
	H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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	I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for: Primary General Other (specify)		
SUB.	TOTAL of DisbursementsThis Page (optional)			\$358.50
TOTA	AL This Period (last page this line number only)			\$12,945.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Datalled Summery Page

PAGE 1 OF 1

FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals

Contribution Cont	Larry Graham for CongressExplora	itory Committee		C00348052
Full Name, Malling Address and ZIP Code Purpose of Disbursement Disbursement For Primery General	Koontz, Robert 2724 Unicorn Lane NW	Refund of 2/1/2000 Contribution Disbursement For Primary General	day, year)	Disbursment this Period
Full Name, Mailing Address and ZIP Code Purpose of Disbursement	Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Amount of Each Disbursment this Period
Disbursement For:		Other (Specify):		
Full Name, Mailing Address and ZIP Code Purpose of Disbursement Date (month, day, year) Disbursement For: Primary General Date (month, day, year) Purpose of Disbursement Date (month, day, year) Disbursement For: Primary General Disbursement this Period Disbursement For: Primary General Disbursement this Period Purpose of Disbursement Date (month, day, year) Disbursement For: Primary General Date (month, day, year) Disbursement For: Primary General Date (month, day, year) Purpose of Disbursement Date (month, day, year) Disbursement For: Primary General Date (month, day, year)	Full Name, Mailing Address and ZIP Code	Disbursement For: Primary General		Amount of Each Disbursment this Period
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Disbursement For			ı	
Other (Specify):	Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	•	Amount of Each Disbursment this Period
Disbursement For: Primary General Date (month, day, year) Disbursement this Period				
Other (Specify): Date (month, day, year) Date (month, day, year) Date (month, day, year) Disbursement Date (month, day, year) Disbursement Date (month, day, year) Date (month, day, y	Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		Amount of Each Disbursment this Period
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	FOTAL of Disbursements This Page (optional)			\$100.00



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

Richard Laster, Treasurer
Larry Graham for Congress Exploratory
Committee
P.O. Box 80
Chappaqua, NY 10514

APR 1 1 2000

Identification Number:

C00348052

Reference:

Year End Report (7/1/99-12/31/99)

Dear Mr. Laster:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-When a committee reports receiving a loan from the candidate, it is necessary to clarify whether or not the candidate used personal funds or borrowed the money from a lending institution or some other source. If the candidate borrowed funds from a lending institution, or other source, please provide the name of the lending institution and the complete terms of the loan. Additionally, for loans from a lending institution, you must file an FEC FORM C-1 (copy attached) and a copy of the loan agreement. If the loan(s) was from personal funds, please acknowledge that fact in an amendment to this report. It is important to note that "personal funds" is strictly defined by Commission Regulations. See 11 CFR §110.10. (11 CFR §\$100.7(a)(1) and 104.3(d))

-Your report includes computer produced formats of Schedules A, B, C, and the Summary Pages. Computer produced formats may <u>only</u> be used upon prior approval of the Commission. You should submit a separate sample format with a cover letter requesting approval. Your sample formats must include data in order to be reviewed for approval. Until your format has been approved, FEC forms must be used. (11 CFR §104.2(d))

Alternatively, freeware (FECfile) available from the FEC, can help you complete and file your reports electronically. You may obtain your free

copy by downloading FECfile from our website, http://www.fec.gov, or by calling the FEC Electronic Filing Office at (202) 694-1307.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Michael H. Young

Reports Analyst

Reports Analysis Division

466



EXPLORATORY COMMITTEE P.O.BOX 80 CHAPPAQUA, NY 10514 914-238-0005

April 25, 2000

Via Priority Mail

Mr. Michael H. Young Reports Analyst Reports Analysis Division **Federal Election Commission** 999 E Street NW Washington, DC 20463

ID #: C00348052

Re: Year End Report (7/1/99-12/31/99) Request

Dear Mr. Young:

In response to your letter dated April 11, 2000, I hereby submit clarification for the first item questioned. You asked for us to indicate if all loans came from personal funds:

Regarding the loans from the candidate totalling \$128,000, it is hereby acknowledged that these loans were made strictly from personal funds and no money was borrowed from any lending institution or other source for the purpose of these loans. I am also attaching an official FEC Schedule C indicating these loans. I am stating in writing that these loans were from personal funds as I see no place on Schedule C to make this fact known. I hope that this statement satisfies your request.

The second item in this letter has already been clarified in your April 20th response to our letter to you of April 17th.

Additionally, we are seeking appropriate and approved methods to file electronically in the future.

Thank you for your assistance.

Very truly yours,

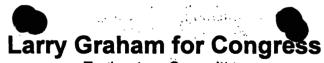
Richard Laster (FUL RICHARD LASTER)

Treasurer

Encl.



A. Full Name, Mailing Address and	s Exploratory	Committe	~~		
A. Full Name, Mailing Address and			ee 		
A. Full Name, Mailing Address and ZIP Code of Loan Source Graham, Lawrence Otis (Flow Pelson 233 So. Greeley Chappaqua, NY 10514		RSONAC	Original Amount of Loan	Cumulative Payment To Date \$0.00	Balance Outstanding at Close of This Period \$8,000.00
Election: X: Primary [] Ger Terms: Date Incurred 12/3	neral • 🗆 Other (specify)	11/11/0	O Interest Rate_0		☐ Secured
List All Endorsers or Guarantors (I			- Indies Asia	·~~·	
		Name (of Employer	-{/////////////////////////////////////	
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	•	Occupa	tion	-{/////////////////////////////////////	
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·		Amoun \$	l Guaranteed Outstanding:		
B. Full Name, Mailing Address and	d ZIP Code of Loan Source		Original Amount	Cumulative Payment	Balance Outstanding
Graham, Lawrence 233 So. Greeley Chappaqua, NY 105	fus		\$120,000.00	\$0.00	st Glose of This Period \$120,000.00
Election: X Primary U Gen			· · · · · · · · · · · · · · · · · · ·		L
Terms: Date Incurred 12/		11/11/00	Interest Rate 0	%(apr)	☐ Secured
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List All Endorsers or Guarantors (if	iss and ZIP Code	Name	of Employer		
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Exploratory Committee P.O. Box 80 Chappaqua, NY 10514 914-238-0005 phone

FAX TRANSMITTAL COVER SHEET

PERSONAL AND CONFIDENTIAL

TO: Michael H. Young Reports Analyst Reports Analysis Division

FAX #:202.219.3496

FROM: Christine Wopat, Campaign Manager

DATE: APAL 26, 2000

PAGES: (3) including cover sheet

If you do not receive legible copies of all pages, please call (914) 238-4000 immediately.

COMMENTS: Dear Mr. Young,

I discussed this matter with Matt Kern from your office today April 26,2000. He advised me to fax you the enclosed documents today and also send them by mail.

Thank you for your attention in this matter.

Sincerely yours,

Christine Wopat, Campaign Manager

- 74	-Д. Ĉ	Y 7	RETAIN THIS	COPY FOR YOUR	RECORDS		V
# 273 Em D200 Sender's Copy	Express Package Service Packages under 150 lbs. FedEx Priority Overnight Ment business alreader Overnight FedEx First Overnight FedEx First Overnight FedEx Day FedEx Express Sever FedEx 20 Priority Overnight FedEx Express Sever FedEx 20 Priority Overnight FedEx Express Sever	Express Freight Service Packages over 150 lbs. Delicary copinionen near. Tedeb. Overnight Freight Fedex Overnight Freight Fedex Overnight Freight Tedex Express Saver Freight	S Packaging Retex Petex Box Tube Dher Page Box Tube Progression Box Tube Progression Box Tube Progression Box Tube Progression Box Box Tube Progression Box		Seption in war on owners (Enter Fed Ex Account No. or Dendit Cert No. below) Fed Ex Account No. Exp. Credit Card No.	sckages Total Weight Total Declared Value LTB s 000 School a value higher than \$100 per stopment, you pay an additional charge. See \$ERVID NR\$. SEELANED VALUE, AND UNIT OF UABILITY section for further information.	8 Release Signature Sign to authorize delivery without obtaining signature.
FECTX. USA Airbill reduit BO7857838600 ton. D200	From please print and press hard) Date 5 4 800 Sender's FedEx Account Number 353 952 071 Sender's Christine World	company harry Coham for Congress 233 South Greeken Alanze	City ChappayU3 Staft ZIP 10514 Dept.Roor/Suite.Room 2 Your Internal Billing Reference Information 2 Your Internal Billing Reference Information	Recipients Michael H. Young Recipients Michael H. Young Recipients Final Lest Company Face of Election Commission	999 E Street NW Gamot Deliver to P.D. Boxes or P.D. Zil	City MINICATOR State State Consideration check here For WEEKEND Delivery check here for the form of the consideration of the considerat	Service Conditions. Declared Value, and Limit of Liability – By using this Airchill. actual loss in a timely memors. And the receiver from us for any loss includes intrinsic you agree to the service conditions in our current Service Guide or U.S. value of the package, loss of sales, interest, proft, attorney's less, costs, and other forms Government Service are available on request. SEE BACK OF of demange, whether detect, includes, interest, proft, or special, and of similar to the SENDERS COPY OF THIS AIRBILL POR INTRAMATION AND ADOITIONAL TERMS. To researe of \$100 or the declared value but cannot exceed scual documented loss. The

We will not be reporable for any claim in secsor of \$100 per petalog whether maximum declared value for my fields. Later and Fedic Pat is \$500. Federal Express that will not be reporable for any claim in secsor of \$100 per petalog whether maximum declared value for my fields. Later and Fedic Pat is \$500. Federal Express that which will not be reporable or the following the result of the resu

Rev. Date 3/98 Part #153024 ©1994-98 FedEx PRINTED IN U.S.

322



Exploratory Committee P.O. Box 80 Chappaqua, NY 10514 914-238-0005 phone 914-238-0006 fax

May 9, 2000

Via Federal Express

Mr. Michael H. Young Reports Analyst Reports Analysis Division Federal Election Commission 999 E Street NW Washington, DC 20463

ID#: COO348052

Re: Year End Report (7/1/99 –12/31/99 Request, LOAN)

Dear Mr. Young:

I am sending you all the correspondence we discussed this morning on the telephone and hope that this answers all of the FEC's questions in this matter.

Thank you for your assistance in this matter.

Sincerely yours,

Christine Wopat

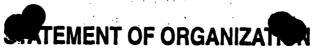
Campaign Manager

1. (a) NAME OF COMMITTEE IN FULL

(b) Number and Street Address

P.O. Box 444 (c) City, State and ZIP Code Chappaqua, NY 10514

Larry Graham for Congress



	(See reverse side t		<u> </u>	ι
E OF COMMITTEE IN FULL:	(Check if name is changed)	2. DATE		
Graham for Congress		5/5/	00	· ·
	(Check if address is changed)	3. FEC Identific		
Box 444		C0034	18052	
Nate and ZIP Code Naqua, NY 10514		4. Is This Repor	An'Amendment?	
TYPE OF COMMITTEE (Check one)		<u> </u>		
(a) This committee is a principal car	mpaign committee. (Complet	le the candidate	information below.)	
(b) This committee is an authorized	committee, and Is NOT a pr	incipal campaign	committee. (Complete t	he candidate information bel
Name of Candidate Larry Graham		Party Affiliation	Office Sought U.S. House	State/District NY/19th
Latty Granali	Democra	L1C	U.S. nouse	MI/ TARU
(c) This committee supports/oppose	s only one candidate			NOT an authorized committe
	· 	(name of car	ndidate)	
(d) This committee is a(Nation	onal, State or subordinate)	committee c		P
Lo admind			(Democrati	c Republices etc \
			(Democrati	c, Republican, etc.)
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Name of Any Connected Organization or Affiliated Comm Type of Connected Organization Corporation Corporation w/o Capita Custodian of Records: Identify by name, records. Full Name Richard Laster Treasurer: List the name and address (phragent (e.g., assistant treasurer). Full Name Richard Laster Banks or Other Depositories: List all banks	ittee It	Mailing Add ZIP Co ziP Co ion Members optional) and pos ress 11 Rd, Cha ress 11 Rd., Ch ch the committee	or a separate segregated ress and ode hip Organization Tradition of the person in postpaqua, NY 1051 committee; and the name appaqua, NY 1052	d fund or a party committee. Relationship de Association Cooperationsession of committee books Title or Position 4 Treasurer e and address of any designative or Position 514 Treasurer

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
TYPE OR PRINT NAME OF TREASURER	SIGNATURE, OF TREASURER	DATE /-/22						
Richard Laster	linka	3/1/00						
NOTE: Submission of talse, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								

For further information contact: **Federal Election Commission** Toil-free 800-424-9530 Local 202-219-3420

FEC FORM 1

FE6AN121



STATEMENT OF CANDIDACY

		. /200 1040100 88	an ioi mender	Oris)						
1. (a) Name of Candidate (in	full)				7					
Larry Graham	<u> </u>	ļ								
(b) Address (number and a 233 So. Greel	ey Ave.									
(c) City, State, and ZIP Coo Chappaqua, NY					2. Identification Number					
3. Party Affiliation Democratic	4. Office 8 U.S.	Sought House		5. State & Dis New Yo	inct of Candi ork, 19t	date h Distri	ct			
	DESIGNA	TION OF PR	INCIPAL	CAMPAIGI	N COMM	ITTEE				
7. I hereby authorize the follo	wing named politics	al committee as m	y Principal Ca	mpaign Comm		2000 (year of electi	election(s). on)			
NOTE: This designation sh	ould be filed with th	ne appropriate offic	ce listed below	٧.						
(a) Name of Committee (in	•									
Larry Graham f						·				
(b) Address (number and s	treet)									
P.O. Box 444										
(c) City, State, and ZIP Coo										
Chappaqua, N	7 10514									
	DESIGNAT	TION OF OT	HER AUT	HORIZED	COMMIT	TEES				
·		(Including Join	nt Fundraising	Representativ	es)					
 I hereby authorize the followandidacy. 	ving named commi	ttee, which is NOT	r my principal	campaign con	nmittee, to re	ceive and exp	end funds on behalf of my			
NOTE: This designation sh	ould be filed with th	e principal campa	ign committe) .						
(a) Name of Committee (in	fuli)					·				
(b) Address (number and s	treet)				· · · · · · · · · · · · · · · · · · ·					
V.										
(c) City, State, and ZIP Cod										
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l certify that I f	nave examined this	Statement and to	the best of m	y knowledge a	nd belief it is	true, correct a	and complete.			
Signature of Candidate	()				Date					
Of surve	Ded				1	ey 4,20	00			
NOTE: Submission of false, en	roneous, or incomp	lete information m	nay subject th	person signin	ng this Stater	nent to penalt	ies of 2 U.S.C. §437g.			
CANDIDATES FOR THE	OFFICE OF:									
U.S. Senate mail to Secretary of the Sen Office of Public Rece 232 Hart Senate Off Washington, DC 205	All other cand mail to: Federal Election 1999 E Street, N Washington, Do	n Commission I.W.	1	1						
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FECEX. USA Airbill tracking 807857838654	Sender's Copy
Frem (please print and press hard) Date 5/25/2000 Sender's FedEx Account Number Sender's Lawrence Otis Graham Phone (914) 238 - 0005 Name	Express Package Service Packages under 150 lbs. FedEx Priority Overnight FedEx Standard Overnight (Next business afternoon) FedEx First Overnight (Next business afternoon) FedEx First Overnight FedEx Express Saver FedEx Express Saver Third business day) FedEx Latter Rate not evailable. Manemum charge: One pound rate.
Company Address 233 South Greatry Avenue Dept/Floor/Suits/Room	Express Freight Service Packages over 150 ibs. Derivery comment may be later in some areas FedEx Overnight Freight Second Dusiness day) (Call for delivery schedule. See back for detailed descriptions of freight services.)
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To (please print and press hard) Section The Clerk, U.S. House of Representing 202) Name	Does this shipment contain dangerous goods?* No Yes Service Yes Deciration of request Dry Ice Dry Ice Dry Ice. S. UN 1845
Company Legislative Resource Center	Payment Bill Sender Card (Account No. in Section 1 well be billed) (Enter FedEx Account No. or Credit Card No. below) (Enter FedEx Account No. or Credit Card No. below)
Address B106 Cannon House Office Bildry Dept/Rodr/Suite/Room (We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes) Dept/Rodr/Suite/Room Tresidence (Extra charge applies for Feder September 1) (We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes) Dept/Rodr/Suite/Room	FedEx Account No.
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Selevice Conditions, Declared Value, and Limit of Liability – By using this Airbill, you agree to the service conditions in our current Service Guide or U.S. Government Service Guide. Both are available on request. SEE BACK OF SENDER'S COPY OF THIS AIRBILL FOR INFORMATION AND ADDITIONAL TERMS. SENDER'S COPY OF THIS AIRBILL FOR INFORMATION AND ADDITIONAL TERMS. Ye will not be responsible for any claim in excess of \$100 per package whether are results of loss, damage, or delay, non-delivery, msdelivery, or misinformatic many and of the package. The result of loss the delared value for any FedEx Letter and FedEx Pak is \$500. Federal Express may upon your request, and with some limitations, refund all transportation charges paid. Julies you declare a higher value, pay an additional charge, and document your	Release Signature Sign to authorize delivery without obtaining signature. Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agrees to indemnity and hold harmless Federal Express from any resulting claims.
Questions? Call 1-800-Go-FedEx* (800)463-3339	

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at the statements I have made on this form thed schedules are true, complete and best of my knowledge and belief.	Certification Signature of Reporting Individual	This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any in willfully fails to file this report may be subject to civil papalties and criminal sanctions (See 5.11.S.C. and A.)	CERTIFICATION — THIS DOCUMENT MUST	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or because they meet all three tests for exemption?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, pages 10–11.)	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Each question in this part must be	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	 Did you or your spouse have "earned" income (e.g., salaries or tees) of \$200 or more from any source in the reporting period? ff yes, complete and attach Schedule I. 	PRELIMINARY INFORMATION — ANSWER	int clearly in black in	Status New officer or Employing Office:	Candidate for the		Chappagus, New	Lawrence Otis Graham	Period Covered: January 1, 1919 - May 1, 2000	UNITED STATES HOUSE OF REPRESENTATIVES
Zum	Signature of Reporting Individual	n Government is of Official C	ВE	assets, "unea	y the Commi	R TRUS1	answered	Yes 🖂	Yes	Yes	EACH C		e: 3	y York	(Mailing Address)	(Full Name) k 10514			
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to She	1 1	⊾≟ ⋥ I	THE REPO	e, transactions, or l	dards of Official Cong you, your spou]	appropriate sch	VI. Did you receive a single source in the ff yes, complete ar	V. Did you have an with an outside enti	IV. Did you hold an of filing in the current yes, complete ar	ANSWER EACH OF THESE QUESTION		1 1.	5	Daytime Telephone:			and nev	FO For use t
	8 107 and 10 0.0.0. 8 10.	ie Statement will be available to any requesting person upon written ndividual who knowingly and willfully falsifies, or who knowingly and	ORTING INDIVIDUAL AND	liabilities of a spouse or dependent child	onduct and certain other "se, or a dependent child?	ANSWER EACH O	hedule attached for each "Yes" response	e compensation of more than \$5,000 from the two prior years?: and attach Schedule VI.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	NS			Check if	ne:	3000-8EE-HIB		and new employees	ORM B by candidates
1	Date (e to any reques d willfully falsifie		pendent child	xcepted trusts" See Instruction	EACH OF THESE	each "Yes" r	\$5,000 from	angement .	efore the date r two years?			against anybody than 30 days late	A \$200 pen	≈				
May 24, 2000	Date (Month, Day, Year)	iting person upo	DATED	Yes 📗	s, Yes	QUESTIONS	esponse.	Yes 🔀	Seg.	Yes 🔀			against anybody who files more than 30 days late.	A \$200 penalty shall be assessed	(Office Use Only)	I			
2000		on written ingly and		No X	No No	S		s □	N ₀	S O			iles more	assessed					

SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name Laurence Otis braham

Page 2 of 6

\$200 or more during the current year to the filing date and, separately, the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. List the source, type, and amount of earned income, including honoraria, from any source (other than your current employment by the U.S. Government) totalling

וופי טוויץ יוופ פטטיכם וטו טוויםו פאטיפים פמוויפט וויטווום פאטפיםטווין לאון,טטט.			
Source (include date of receipt for honoraria)	Type	Amount	unt
	.)	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, Texas	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, Texas	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL. (Rec'd 12-2-97)	Honorarium	0	\$1,000
Harris County, Texas, Public Schools	Spouse Salary	NA	NA
Outdage Comming College . Poughteapore, NY	Salary	0	£ 30d0
American Program Burcow - Newton, Mass (Rec. of 12-1-99)	Leabore feas	\$5750.00	# 750a
Mc Kingey o Co. New York, NY	Sparse Salon	NA	NA
CNBC New York, NY	Sporse Salony	NA	NA
U.S. News + World Report - Washington OC	Janalist's fee	0	£5,500.
Homen Resource Mand Assoc Milwankee, WI	Consulty da	* 3 250	#3250
M+I Corp Milwanias, WI	Courthy for	± 3000	¥ 3000
Berger Comindy College - Promisy NJ (Reid 2-14-00)	Howarin	\$ 1500	0
Yale University - New Hover, (T (Rack 1-11-00)	Horason	¥ 238.75	0
Districts Commidy College - Postularysie, Ny	Hereson	* 1000	0
Jose + Till - Orlando, Estorida	Horamora	0	\$ 500
Terrie William Agency - New York, NY	Howaran	0	\$1250

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Assert and/or income Source Value of Assert Amount of Income For elitement plans or accounts that concerns with a fair methal and to investment or at close of appointing period. Amount of Income For elitement plans or accounts that concerns with a fair methal realist period, and to any other parts of them for any other period. It is a marked of any manual funds, For a set of the property period. It is a marked of any manual funds, For a set of the property period. It is a marked of any manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the property period. It is a marked of the manual funds, For a set of the						
None	r Lar	Manhathan Bouk (Redire Man	SP.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5;000 or less in personal savings accounts; any financial interests in or income derived any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	'IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state that is not the business and its geographic location. For the different information see the instruction	BLOCK A Asset and/or income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in come which generated more than \$200 in come which generated for a sedire. For a self- full names of any mutual funds. For a self- directed IRA (i.e., one where you have the power to select the specific investments), provide information on each asset in the account that exceeds the reporting threshold, and the income earned for the account. For an
RENT INTEREST INTEREST INTEREST CAPITAL GAINS EXCEPTED TRUST GUALIFIED BLIND TRUST	X X X	17	Indefinite X	\$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	B C D E F G H I J K	BLOCK B Value of Asset at close of reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."
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Continuation Sheet (if needed)

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For additional assets and unearned income, use next page:

Name Lauren Otis Contan

Page 2 of 6

automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by charge accounts only if the balance at the close of the previous calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the

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SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Progressive Monogenest Mississed
Chairman	Westerstor Courty Police Board
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SCHEDULE V—AGREEMENTS

Page 6 of 6

Name

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law.

Source (Name and Address)	Brief Description of Duties
 Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
International Coestine Many Manylot, 184	Freedonce Journalisa
 U.S. Wens & World Report, Workington Oc	Contribution editor
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